

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39222

State File No. _____

FILED DEC 13 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2735

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7108 LEXINGTON AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST L
(c) City or town St Louis County Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 7108 LEXINGTON AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STANISLAW SMENTKOWSKI

3. (b) If veteran, name war NO 3. (c) Social Security No. 495-14-7725

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 30 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace POLAND (City, town, or county) (State or foreign country)

10. Usual occupation COPPER SMITH

11. Industry or business BRASS SHIP Bldg. D&L

12. Name HIPOLITE SMENTKOWSKI

13. Birthplace POLAND (City, town, or county) (State or foreign country)

14. Maiden name Amthausen

15. Birthplace POLAND (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Smentkowski
(b) Address 4226 W Marguerite ave

17. (a) Calvary BURIAL (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director CENTRAL UND CO

(b) Address 1841 CASS AVE

19. (a) DEC 11 1943 (b) E. S. McLawran, M. D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Sept 17 1943, to Dec 7 1943, that I last saw him alive on Dec 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach Duration 6 mo

Due to _____

Due to Arterio Sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: uf
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (d) Means of injury _____

23. Signature E. S. McLawran (M. D. or other) 12/11/43
Address Union Club Bldg Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

351
13/43

707

(Licensed Embalmer's Statement on Reverse Side)

1-3 PM

FEB 21 1943

DEC 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

John Agonowski

Licensed Embalmer No. *3398*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.