

FILED DEC 22 1943

Registration District No.

Primary/Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital, Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Slyvester (Flowers) Kwiatkowski

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 12 5 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 28 hr. min.

9. Birthplace Polland 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Unknown

13. Birthplace Polland 4
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Europe 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ellen Flowers

(b) Address 4236 Delmar Blvd.

17. (a) Burial (b) Date thereof 12/8/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary, Cemt

18. (a) Signature of funeral director Harrigan & Sheehan

(b) Address 4415 Washington

19. (a) DEC 6 1943 (b) J. F. Bradock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4236 Delmar Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
 year 1943 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from November 6th, 1943, to December 3rd, 1943;
 that I last saw him alive on December 3rd, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) None
 (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) (e) Means of injury _____

23. Signature William J. Davis (M. D. or other) _____
 Address 1515 Lafayette Date signed 12/4/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Albert G. Koffa

Licensed Embalmer No. 2971

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.