

Registration District No. 818

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1438 Cass 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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME ANDRZEJ NOWICKI
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Ann Nowicki 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct 10 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____
12. Name Stephen Nowicki
13. Birthplace Poland (City, town or county) (State or foreign country) 4
14. Maiden name Elizabeta Nowicka
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant Mary Ann Nowicki
(b) Address 1438 Cass ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director CENTRAL UND. CO.
(b) Address 1841 CASS AVENUE

19. (a) DEC 17 1943 (Date received local registrar) (b) J. J. Burdick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 19
(c) City or town St. Louis Mo (If outside city or town limits, write "RURAL")
(d) Street No. 1438a Cass ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 15 year 1943 hour 3 A M.
21. I hereby certify that I attended the deceased from MARCH 30th 1943 to DEC-10th 1943
that I last saw him alive on DEC 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death APoplexy
HAEMORRHAGE OF BRAIN

Due to _____
Due to ASTHMA + BRONCHIECTASIS

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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) (e) Means of injury _____
23. Signature J. J. Burdick (M. D. or other) _____
Address 1901 Madison St. Date signed 12-15-43

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..... *W. W. Wilkinson*.....
Licensed Embalmer No. 3575.....
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.