

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40592

State File No.

FILED JAN 12 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11782**

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Emmett to City Hospital
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 12 24
(c) City or town St. Louis Mo (If outside city or town limits, write "RURAL")
(d) Street No. 112 S 4th st (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PETER SPLITT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased SEPT 2 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 36 22 hr. min.

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

10. Usual occupation T.R.R. Unemployed

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Catherine Szepala

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

16. (a) Informant Agnes Szwiederska

(b) Address 13024 Montgomery

17. (a) Buried (b) Date thereof DEC 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Central Burial Co
(b) Address 1841 Erie ave
19. (a) DEC 28 1943 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death: External hemorrhage
fracture of both
legs when he was struck by an
automobile driven by one David
Flemington which did not stop
at Broadway and Elm St
about 7:30 PM, 12-24-43

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

Major findings: 170
Of operations _____

Of autopsy: 21

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

(a) Incident, suicide, or homicide (specify) Criminal Carless

(b) Date of occurrence Dec 24 1943

(c) Where did injury occur? St. Louis (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? John Place

While at work? no (Specify type of place) (e) Means of injury Auto

23. Signature Thomas F. Callahan (or other)
Address Deputy Coroner Date signed 12-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Wilkins
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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County
- (b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME Peter Splett.

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased. (6-2-1872)
(Month) (Day) (Year)

8. AGE: Years (71) Months (6) Days (22) If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

- 12. Name
- 13. Birthplace
(City, town, or county) (State or foreign country)
- 14. Maiden name
- 15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-10-44 (b) J. A. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19....., to 19.....;
that last saw h..... alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

S-46593