

222426
FILED FEB 4 1944

948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 WEEKS
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2240 N MARKET STR
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alexander Krzeminiski

3. (b) If veteran, name war
3. (c) Social Security No. 488-18-8437

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE KRZEMINSKI 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased JULY 25 1910
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 4 If less than one day
hr. min.

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

10. Usual occupation SHOE WORKER

11. Industry or business

12. Name JOHN KRZEMINSKI
13. Birthplace POLAND 4
(City, town, or county) (State or foreign country)
14. Maiden name ANTONIA PACZKOWSKA
15. Birthplace POLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Krzeminiski

(b) Address 2240 N Market str

17. (a) BURIAL (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS

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

(b) JAN 31 1944 J. F. Bredet
(Date received local registrar) (Registrar's signature)

19. (a) JAN 31 1944 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan. day 29th
year 1944 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from Jan. 1st
1944 to Jan. 29th 19 44
that I last saw him alive on Jan. 29th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
for a disease of 2 Tuberculosis pleurisy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy

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)
Means of injury

23. Signature Leo J. Mad... (M.D. or other)

Address 1515 Lafayette Date signed 2/9/44

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

ready

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 Gonaska

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.