No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9175

FILED MAR 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2653

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: St. Anthony [redacted] Hospital O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County St. Louis 17
(c) City or town St Louis Mo. 9/5
(If outside city or town limits, write "RURAL")
(d) Street No. 3114 Mt. Pleasant
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LOUIS R. KURLANDSKI

3. (b) If veteran, name war none

3. (c) Social Security No. 490-12-6619

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Kurlandski

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. (Month) 16 (Day) 1875 (Year)

8. AGE: Years 68 Months 7 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation city water Div. watchman

11. Industry or business

FATHER
12. Name Ignacy Kurlandski
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Mrs. Josephine Kurlandski
(b) Address 3114 Mt. Pleasant St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 23 (Day) 1944 (Year)
(c) Place: burial or cremation ~~burial~~ New Mt. Pete & Paul

18. (a) Signature of funeral director Helen Imbrerowicz
(b) Address 5401 So. Grand Blvd.

19. (a) MAR 20 1944 (Date received local registrar) (b) J. F. Busack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18 year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-8, 1944, to 3-18, 1944 that I last saw him alive on 3-18, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	1 day
Due to Septic pericarditis	2 days
Due to Broncho-pneumonia	3 day
Other conditions Parkinson's Disease (Include pregnancy within 3 months of death)	8 yrs.

Major findings:
Of operations Hypertrophy of prostate — prostatectomy
Of autopsy Septic pericarditis — Parkinson's Disease

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Shelton (M. D. or other) MD
Address 4763 Virginia Date signed 3-20-44

(Licensed Embalmer's Statement on Reverse Side)

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 W. Ogonoski

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.