

FILED MAY 25 1944

1003

4183

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1944 Benton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 63 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4641 Aldine St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Casimir K. Smentkowski

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced P
6. (b) Name of husband or wife Polagia Smentkowski 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb. 20 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Retire

11. Industry or business.....

MOTHER FATHER { 12. Name Hipolit Smentkowski
13. Birthplace Poland (City, town, or county) (State or foreign country) 4
14. Maiden name And Stasia Michalowski
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Polagia Smentkowski
(b) Address 4641 Aldine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 6 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2305 St. Louis Ave

19. (a) MAY 5 1944 (Date received local registrar) (b) J. J. Jurek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 25 to May 3 1944
that I last saw him alive on Apr May 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio. Cardiovascular cerebral
Due to Nephro Sclerosis 2 JK

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. Jurek (M. D. or other) J. J. Jurek
Address St. Louis Date signed 5/6/44

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

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