

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BK-1-0-70
25577

State File No. _____

FILED JUL 31 1944

Primary Registration District No. 6075

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs. 7 mos. 25
(Specify whether years, months or days) 2

3. (a) PRINT JOHN MADZELEWSKI
FULL NAME

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

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

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

7. Birth date of deceased About 1863
(Month) (Day) (Year)

8. AGE: Years About 81 Months Days If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 6-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director Berl J. Miller

(b) Address Farmington, Mo.

19. (a) 6-15-44 (b) James Bohannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94
(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. City Sanitarium
das. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 1944 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 1, 1943 to June 1, 1944, 19____; that I last saw him alive on June 1, 1944, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to _____

Due to _____

Other conditions Chronic nephritis, myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy General arteriosclerosis, Chronic nephritis & myocarditis

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 [Signature] (M. D. or other) MD

Address 408 2nd Date signed 6-8-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

14 00
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1573

(Licensed Embalmer's Statement on Reverse Side)

Farmington, Mo.

2503

RECEIVED

District Health Officer No. 4
District File Number 744-4102
Date Filed 7-28-44

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ben J. Miller*

Licensed Embalmer No. *3752*

P. O. Address *Farmington Mo*

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.