

Registration District No. 318

Primary Registration District No. 1003

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:
8567 CONDUIT ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 WEEK
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County M^o

(c) City or town ST LOUIS 17 8
(If outside city or town limits, write "RURAL")

(d) Street No. 8567 Conduit ST 1
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME STANLEY MACZUK

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

20. DATE OF DEATH: Month Sept. day 10
year 1944 hour 6 minute 15 A. M.

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

6. (b) Name of husband or wife MARY MACZUK 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased JUNE MAY 8 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1
1944 to Sept 10 1944
that I last saw him alive on Sept 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Liver Duration 1 1/2 yrs

8. AGE: Years 68 Months 4 Days 28 If less than one day
hr. _____ min. 4

Due to _____

Due to Hof

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

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

10. Usual occupation FARMER

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Name JEROME MACZUK 4

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

14. Maiden name BRIDGET PICKELS

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

16. (a) Informant Mrs. A. Subert

(b) Address 7717 Genesta

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? _____

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Richard F. Home

(b) Address 8317 Holly Ferry Rd.

19. (a) SEP 12 1944 (b) J. J. Brebeck (Registrar's signature)
(Date received local registrar)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. W. McDonald (M. D. or other)
Address 5739 N. Grand Date signed 9-12-44

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

MOTHER FATHER

5-17-39

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 Agonochi
Licensed Embalmer No. 2398
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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No. 29511
Local Registrar's No. 7849

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of Sept., 1944, before me appears Mrs. A. Subert, who, upon her oath, states that the original record of ^{birth} death for Stanley Maczuk ^{died} ~~born~~ Sept. 10th, 1944 in the State of Missouri, and which was filed at St. Louis, Mo. on 9-12-, 1944, should be corrected as follows:

- Item No. 7 should read May 8, 1876
Instead of June 12, 1877
- Item No. 8 should read 68 yrs. 4 mos. 2 days
Instead of 67 yrs. 2 mos. 28 days
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

Amended 9-20-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. A. Subert daughter
Relationship.

7717 Geneva
Present Address.

Subscribed and sworn to before me this 20 day of Sept, 1944.

My Commission Expires March 4, 1945
Earl C. Padloep Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

bc
Register
6-26-1925
52610-9269

