

Registration District No. **318** Primary Registration District No. **1003**

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

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: City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days - 1 mo  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3666 Blow St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alex Rycharski

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Sept 11 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>7</u>	hr. min.

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

10. Usual occupation Porter

11. Industry or business.....

MOTHER FATHER { 12. Name Julian Rycharski

13. Birthplace poland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Vandkowski

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

16. (a) Informant Mrs Sophie DeWalls

(b) Address 3666 Blow Str.

17. (a) Burial (b) Date thereof 11-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass Ave

19. (a) NOV 20 1944 (b) J. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th  
year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 9/28/44  
19... to Nov. 18th, 19 44

that I last saw him live on Nov. 28th, 19 44;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of larynx

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings: Squamous cell carcinoma of larynx

Of operations.....

Of autopsy.....

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) Means of injury 0

23. Signature Ellie J. Dupont (M.D. or other).....  
Address City Hospital Date signed 12/20/44

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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 *G. Wilkerson*.....

Licensed Embalmer No.....

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.**