

Registration District No. **1945 318**

Primary Registration District No. **1003**

Registrar's No. **925**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4027a Shaw  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 Years (Specify whether years, months or days)

In this community 73 Years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000

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

(d) Street No. 4027a Shaw Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country U

**3. (a) PRINT FULL NAME** Joseph Lewandoski

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 M.

6. (b) Name of husband or wife Bertha Lewandoski 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased March 1st., 1866  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Retired Maintenance Man, N.O. Nelson Co.

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Wlodislaus Lewandoski

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

14. Maiden name Rose Janoski

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

16. (a) Informant Mrs. Mary Manger

(b) Address 4027a Shaw Blvd.

17. (a) Burial (b) Date thereof 1-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 20 1945 (b) J. F. Praseck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Jan. day 28th., year 1945 hour 10 30 minute A M.

21. I hereby certify that I attended the deceased from 7-14, 1944, to 1-28, 1945  
that I last saw him alive on 12-23-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chronic

Due to \_\_\_\_\_

Due to Hb

Other conditions Carcinoma of rectum  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

23. Signature John Kuebler (M. D. or other) md  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

Address 1504 So Grand Date signed 1-29-45

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

10-12-22

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rudell

**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.**