. S. No. 2
DM—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 9165

Registrar's No. 333

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs (Specify whether

In this community 6 hrs — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph - 11 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 7 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Pankiewitz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 22 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Francis Pankiewitz
13. Birthplace St. Joseph (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Josephine Kline
15. Birthplace Chillicothe (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Francis Pankiewitz

(b) Address 2606 Monterey

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 3-23-45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1945 hour 10 minute 15P M.

21. I hereby certify that I attended the deceased from March 22, 1945, to March 22, 1945; that I last saw him alive on March 22, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis due to prematurity	6 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank J. Hardigan D (M. D. or other)

Address 62 Francis Date signed 3/23/45

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed.

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.