

FILED APR 27 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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: Missouri Baptist
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 42 years 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") 17
 (d) Street No. 5200 Gilmore (If rural, give location) 9
 (e) Citizen of foreign country? No (Yes or No) 7
 If yes, name country _____

3. (a) PRINT FULL NAME

VINCENT NOWAKOWSKI

3. (b) If veteran, name war NIO

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased OCT 20, 1880
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER

12. Name LOUIS NOWAKOWSKI
 13. Birthplace POLAND (City, town, or county) (State or foreign country)
 14. Maiden name MARY ANN ZASTAPIENSKA
 15. Birthplace POLAND (City, town, or county) (State or foreign country)

16. (a) Informant MARY Nowakowski

(b) Address 5200 GILMORE ST

17. (a) BURIAL (b) Date thereof 4-17-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis

19. (a) APR 16 1945 (Date received local registrar) J. J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13 year 1945 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from April 5 1945 to April 13 1945
 that I last saw un alive on April 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute cardiac dilatation - possible embolism of coronary arteries
 Due to embolism of coronary arteries
 Due to Chy. nephritis
 Other conditions (Include pregnancy within 3 months of death) _____

Duration

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? _____
 While at work? _____ (Specify type of glare) (c) Means of injury _____

23. Signature J. H. Kueker (M. D. or other) J
 Address 3121 M Grand Date signed 4/16/45

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

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 *Albert W. Kopp*

Licensed Embalmer No. *1861*

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.