S. No. 2
M—8-38
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15442

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4623

1. PLACE OF DEATH:
(a) County 1723 a N 10th Str.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1723a N. 10th Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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. 1723a N 10th Str.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUGUST NIEMCZYK
3. (b) If veteran, name war
3. (c) Social Security No. 707-16-2922

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Niemczyk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 12 (Day) 1891 (Year)

8. AGE: Years 53 ~~54~~ Months 7 Days 0 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) U (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Niemczyk
13. Birthplace Poland (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Mary Niemczyk
15. Birthplace Poland (City, town, or county) U (State or foreign country)

16. (a) Informant Frances Niemczyk
(b) Address 1723a N 10th Str
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Central Und. Co.
(b) Address 1041 Cass ave
19. (a) (Date received local registrar) MAY 25 1945 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 24 day year 1945 hour 4:15 minute A. M.
21. I hereby certify that I attended the deceased from May 18, 1945, to May 24, 1945, that I last saw he alive on May 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation
Due to Rheumatic Fever
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 [illegible] (M.D. or other)
Address 4142 N Grand Date signed 5/27/45

(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 John Ayonoski

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.