

FILED DEC 21 1945
318

STANDARD CERTIFICATE OF DEATH

State File No. 39407
Registrar's No. 10680

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Paul Hospital (1)
(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. 5271 WREN AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Kwiatkowski

3. (b) If veteran, name war _____ 3. (c) Social Security No. 189-26-9516

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEB 13 1925
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>20</u> | <u>9</u> | <u>24</u> | hr. _____ min. _____ |

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

10. Usual occupation Shinsky Jewelry Co.

11. Industry or business _____

12. Name Joseph Swathowski

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Skortz

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

16. (a) Informant Joe Swathowski

(b) Address 5271 Wren Ave

17. (a) Burial (b) Date thereof 12-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Nat. Cal

(b) Address 1841 Cass Ave

19. (a) DEC 9 1945 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1945 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 14 1945 to Dec 6 1945

that I last saw him alive on Dec 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Tonic meningitis

Due to Bronchectasis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Schumacher (M. D. or other) MD

Address 4991 Shush Date signed 12-8-45

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

MOTHER FATHER

1117
C. W. Schumacher, Jr.
No. 312

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 Agonowski*
Licensed Embalmer No. *3398*
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.