

**FILED** JAN 21 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 163

1. PLACE OF DEATH:

(a) County St. Louis Missouri  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1111 Salisbury St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years 7 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1111 Salisbury  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No?)  
If yes, name country

3. (a) PRINT FULL NAME RUDOLPH KWASNY

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 19 1/2 years

7. Birth date of deceased December 28 1926  
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Rudolph Kwasy

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

14. Maiden name Beatrice M. Kenney

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

16. (a) Informant RUDOLPH KWASNY

(b) Address 1111 1/2 SALISBURY

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Wesleyan Cemetery

18. (a) Signature of funeral director Wesleyan's  
(b) Address 3934 N. 20th St.

19. (a) JAN 7 1946 (Date received local registrar) J. Bralich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from January 5, 1946 to Jan 5, 1946  
that I last saw him alive on Jan 5, 1946  
and that death occurred on the day and hour stated above.

Immediate cause of death Sudden hemorrhage of the lungs

Due to Influenza bronchial asthma Duration 10 days

Due to 330

Other conditions (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?

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

23. Signature Nicholas Klein (M. D. or other)

Address 1105 Salisbury Date signed 1-6-46

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

2754

*EL 22-20*

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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..... *Penneth Jones* .....  
Licensed Embalmer No. *4224* .....  
P. O. Address..... *3523 Clara* .....

**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.**