

S. No. 2
OM-5-43
v. 5-17-39
a 1 X36671

FILED JAN 21 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **73**

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 0
(If not in hospital or institution, write street number or location)

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

In this community 35 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 2621 Sullivan 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country Poland

3. (a) PRINT FULL NAME RUZICKI, STANISLAW STEVE

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-09-1961

4. Sex MALE 5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HELEN

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 29 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1946 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from Dec 21 _____, 1945 to Jan 1 _____, 1946

that I last saw h. alive on Jan 1 _____, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death. Broncho pneumonia

Due to _____

Due to _____

Other conditions. 107
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

53 2 2 _____ hr. _____ min.

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

10. Usual occupation Foundry Worker

11. Industry or business Semi Steel Co.

12. Name Konstanty Ruzicki

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Helen Ruzicki

(b) Address 2621 Sullivan

17. (a) Burial (b) Date thereof 1 5 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabary

18. (a) Signature of funeral director St Paul Funerals Home

(b) Address 2205 S. Lewis

19. (a) JAN 1 1946 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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 G. H. Kilgus (M. D. or other)

Address 3121 Grand Date signed 1/4/46

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

3049

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 Agonoski

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.