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M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1807
Registrar's No. 405

FILED FEB 7 1946
Registration District No. 149

Primary Registration District No. 1002

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

1280

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukie's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 min.
(Specify whether
In this community 5 min.
years, months or days)

3. (a) PRINT FULL NAME Infant Szymula
Did unnamed
3. (b) If veteran, name war —
3. (c) Social Security No. —

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 1 22 46
(Month) (Day) (Year)

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

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

10. Usual occupation infant

11. Industry or business —

MOTHER FATHER
12. Name Stanley M. Szymula
13. Birthplace East St. Louis, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine S. Kubic
15. Birthplace East St. Louis, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. M. Szymula

(b) Address 5727 Woodland Ave

17. (a) Burial (b) Date thereof 1 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Curry & Gofin

(b) Address 2024 S. Inwood

19. (a) 1-24-46 (b) Shradiner, Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5727 Woodland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22
year 1946 hour 10 minute 50A.M.

21. I hereby certify that I attended the deceased from 1/22, 1946, to 1/22, 1946
that I last saw him alive on 1/22/46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to —
Due to 159

Other conditions No diseases
(Includes pregnancy within 3 months of death)

Major findings: Multiple pregnancy
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) —
(c) Means of injury —
23. Signature Carmon H. Randall (M. D. or other) —
Address 731 N. 47 St. Date signed 1/27/46

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..... *Charles M. Quirk*.....

Licensed Embalmer No. *3774*.....

P. O. Address..... *Ke Mo*.....

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.