S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1946

State File No. 7073

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 366

1. PLACE OF DEATH:

(a) County: St Louis county

(b) City or town: Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 314 Hoffmister ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis 96

(c) City or town: ~~St Louis County~~ Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No.: 314 Hoffmister ave (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: John Broniszewski

3. (b) If veteran, name war

3. (c) Social Security No.: ******

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: W. V

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb (Month) 16 (Day) 1865 (Year)

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace: Poland (City, town, or county) 4 (State or foreign country)

10. Usual occupation: -------

11. Industry or business

FATHER 12. Name: F. Broniszewski

FATHER 13. Birthplace: Poland (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name: Suzan

MOTHER 15. Birthplace: Poland (City, town, or county) 11 (State or foreign country)

16. (a) Informant: Martha Rybacki

(b) Address: 314 Hoffmister ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Central Und. Co

(b) Address: 1841 Cass ave

19. (a) 2-11-46 (Date received local registrar) (b) E B McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1946 hour Noon minute M.

21. I hereby certify that I attended the deceased from May 12, 1941, to Oct 19, 1945 that I last saw him alive on Oct 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion - 9 3d — Duration

Due to: Chronic Myocarditis

Due to: Cardiac asthma

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: W W Foley (M. D. or other) MO

Address: 2602 S Grand Date signed 2-5-46

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

6023

317 (Licensed Embalmer's Statement on Reverse Side)

JUN 30 1950

MAR 29 1948

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 Ogonowski

Licensed Embalmer No. 2348

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.