

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11617**
Registrar's No. **2466**

FILED MAR 20 1946
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

2466

1. PLACE OF DEATH:

(a) County 5800 Arsenal
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmiry D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Institution
In this community 13 yrs. 17 mos. 18 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5800 Arsenal St.,
(If rural, give location) 13
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter Sass

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 _____ (Month) (Day) (Year)

8. AGE: Years alt-70 Months ? Days ? If less than one day hr. _____ min. _____

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

10. Usual occupation Foundry Worker

11. Industry or business _____

12. Name Charles Sass

13. Birthplace Poland (State or foreign country) 4

14. Maiden name Josephine (State or foreign country) 4

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

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St.,

17. (a) BURIAL (b) Date thereof 3-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: C. H. NARY

18. (a) Signature of funeral director: Edmund Kelly

(b) Address 318 E. 14th St.

19. (a) MAR 14 1946 (b) J. J. Braddock
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1946 hour 11.30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to March 7, 1946;
that I last saw him alive on March 7, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis sever-
eral
Due to Senile Emphysema yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 113

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 Palmer Roman Bowler M. D. or other _____
Address City Infirmiry Date signed 3-11-46

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

MOTHER FATHER

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.....

Howard P. Rowland

Licensed Embalmer No.....

3114

P. O. Address.....

S. L. ... & Co.

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.