

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18746

FILED MAY 31 1946
318

Registration District No.

Primary Registration District No.

Registrar's No.

1498

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: City Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME

HENRY MURAWSKI

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security

No. 702-16-6259

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 AUGUST 18 1914
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

31 9 00

hr. min.

9. Birthplace ST. LOUIS
(City, town, or county)

Mo. 1
(State or foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name ROMAN MURAWSKI

13. Birthplace POLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIE JENDRZEJEWSKI

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

16. (a) Informant Roman Murawski

(b) Address 1506 MONROE ST

17. (a) BURIAL (b) Date thereof 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave

19. (a) MAY 20 1946 (Date received local registrar)

(Registrar's signature)

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") 26
(d) Street No. 1506 MONROE ST (If rural, give location) 17
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 11 minute 30 M.

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

Immediate cause of death: 1. Dissection of Aorta
2. Subdural Hemorrhage of Brain
when he suffered a stroke
while walking in
the alley in the rear of 1504
Monroe Street, April 19, 1946
May 17, 1946 falling and striking
his head on the concrete floor of
the alley.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: 195-21-8

Of autopsy: 11-18

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) Accident
(b) Date of occurrence May 17 1946
(c) Where did injury occur? 1504 Monroe St
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Alley
(Specify type of place)
While at work? (e) Means of injury falling

23. Signature John J. Bredesch (M. D. or other) 3
Address 2205 St. Louis Ave Date signed 6/20/46

32

aug. 19 - 1944

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.....

Licensed Embalmer No.....

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.