

FILED MAY 31 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4597

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1910 A. MONTGOMERY / ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 YRS
(Specify whether years, months or days)
In this community (KATE)

3. (a) PRINT FULL NAME CASIMERA TYSKIEWICZ

3. (b) If veteran, name war NONE 3. (c) Social Security No. 495-18-0210

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WALTER TYSKIEWICZ 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MCH. 15TH 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 6
If less than one day hr. min.

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

10. Usual occupation HOMEWORK - OFFICE CLEANER

11. Industry or business

12. Name BALTARZ OLENDER 4

13. Birthplace POLAND

14. Maiden name MARYANNA KARWOSKA

15. Birthplace POLAND

(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Bredek

(b) Address 1910 A. MONTGOMERY STR.

17. (a) BURIAL (b) Date thereof MAY 25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

(d) Signature of funeral director Brookland and Co

(e) Address 1822 Hogan STR.

19. (a) MAY 22 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 A. MONTGOMERY STR.
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country POLAND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21ST
year 1946 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 4-1-44, 1944, to 5-18-, 1945
that I last saw him alive on 5-18-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CIRRHOSIS - OF - LIVER
CHRONIC INTERSTITIAL NEPHRITIS
HYPERTENSION
DROOPY - GENERAL - OEDEMA

Due to 124

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 124

Of autopsy 124

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) (e) Means of injury Q

23. Signature J. F. Bredek (Date signed 5-22-46)
Address 1901 Madison St

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

17866

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.....

By W. Wilkin

Licensed Embalmer No.....

35-7J-

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.