

No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
22 1946  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 25573  
Registrar's No. 6161

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5136 Riverview Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 36 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
177

(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
41

(d) Street No. 5136 Riverview Blvd.  
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH NOWAKOWSKI

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 Married

6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 20 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Polisher

11. Industry or business Niedringhaus Metal Prods

12. Name Jacob Nowakowski 13. Birthplace Poland  
(City, town, or county) (State or foreign country)

14. Maiden name Joanna Riejniak 15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Nowakowski

(b) Address 5136 Riverview Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 2205 St. Louis Ave.

19. (a) JUL 12 1946 (Date received local registrar) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1946 hour 11:15 minute 11:15 PM.

21. I hereby certify that I attended the deceased from June 19, 1946  
to July 10, 1946  
that I last saw him alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 3 yrs

Due to: Chronic Nephritis Duration 3 1/2

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 131

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Nicholas Keym (M. D. or other) Date signed 7-12-46  
Address 1105 Salisbury

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

*Henry M. Brammer*  
.....  
Licensed Embalmer No..... *4200*

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.**