

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

FILED AUG 5 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution **St. Louis City Hospital**
Max C. Starkloff Memorial

(d) Length of stay: In hospital or institution **42 years**

In this community **42 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **St. Louis**

(d) Street No. **2608 N. 21 St.**

(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **STANISIWA SCULZ**

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 **May 8 1874**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23** year **1946** hour **11:30** minute **P** M.

21. I hereby certify that I attended the deceased from **July 7** 19 **46** to **July 23** 19 **46**

that I last saw him alive on **July 23** 19 **46** and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **2** Days **15** If less than one day hr. _____ min. _____

Immediate cause of death **Uremia** Duration **5 days**

Due to **Pyelonephritis Non-calculous** **1 mo.**

Due to **137** **Prostatic hypertrophy 2 yrs. benign**

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

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

10. Usual occupation **Baku**

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name **Antoni Szulc** **4**

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

14. Maiden name **Barbara Lange**

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

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? _____

16. (a) Informant **Tom Szulc**

(b) Address **2608 N. 21 St.**

17. (a) **Burial** (b) Date thereof **7 27 46** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

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

(b) Address **2800 St. Louis**

19. (a) **JUL 26 1946** (Date received local registrar) **J. F. Bredeek** (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **E. H. Cason, M.D.**

Address **1515 Lafayette Avenue** Date signed **7/24/46**

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.