

S. No. 2
DM-5-43
v. 5-17-39
X 36671

32825

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH
FILED OCT 16 1946

State File No. _____
1131
Registrar's No. _____

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 631 Alabama (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Lifetime (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 63 Alabama
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVELYN ANN SMYGEL
3. (b) If veteran, name war None
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3
year 1946 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept 7
1946 to Sept 29 1946
that I last saw her alive on Sept 29 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced 5 0
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29, 1924
(Month) (Day) (Year)

Immediate cause of death Factor - Electrical Ven and congenital deformities
Due to below
Due to below
Other conditions Hydrocephalus Internal Porencephaly
(Include pregnancy within 3 months of death)

8. AGE: Years 22 Months 1 Days 4
If less than one day _____ hr. _____ min.

Major findings: _____
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid
11. Industry or business None

MOTHER FATHER { 12. Name Lottie Smygel
13. Birthplace Poland
14. Maiden name Olivera Lewicz (State or foreign country)
15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Smygel (father)
(b) Address 631 Alabama St., City
17. (a) Burial (b) Date thereof 10/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director John A. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) Oct. 9, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Paul Gostowski (M. D. or other) Med.
Address 825 Charles Date signed Oct 9 1946

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

31633

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, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. *7986*

P. O. Address *St. Joseph, Mo.*

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.