S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35652

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9024

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2204 a HOWARD (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 62 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 0-0
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 2017
(d) Street No. 2204 HOWARD (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country 62

3. (a) PRINT FULL NAME JOHN SZCZODROWSKI
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan (Month) 13 (Day) 1875 (Year)

8. AGE: Years 71 Months 9 Days 6 If less than one day hr. min.

9. Birthplace POLAND (City, town, or county) (State or foreign country)
10. Usual occupation SHOE WORKER
11. Industry or business SAMUEL
FATHER
12. Name FRANK
13. Birthplace POLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY KORNOWSKI
15. Birthplace POLAND (City, town, or county) (State or foreign country)
16. (a) Informant MARY SZCZODROWSKI
(b) Address 2204 HOWARD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 23 46 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter & Paul Cemetery
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address St Louis Mo
19. (a) OCT 22 1946 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 1946 hour . minute 9 A. M.
21. I hereby certify that I attended the deceased from Aug. 15 1946, to 10-19 1946, that I last saw him alive on 10-18 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

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)
(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)
While at work? (e) Means of injury

23. Signature W. W. Jones (M. D.)
Address 3566 N. Grand Date signed 10/19/46

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonowski

Licensed Embalmer No. 3398

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.