

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11397

State File No. _____

FILED MAR 31 1947

318

1003

Registrar's No. 3043

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: 2217 Mullanphy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Michael Piosik

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 widowed

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

7. Birth date of deceased June 7 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86	9	13	hr. _____ min.
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9. Birthplace Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Martin Piosik 4

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

14. Maiden name unknown

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

16. (a) Informant John Piosik

(b) Address 2217 Mullanphy St.

17. (a) Burial (b) Date thereof 3/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass Avenue

19. (a) MAR 21 1947 (b) J. F. Brudick
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2217 Mullanphy St. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 4:25 minute A. M.

21. I hereby certify that I attended the deceased from March 19 1947 to March 20, 1947
and that death occurred on the date and hour stated above.

that I last saw h im alive on March 19, 1947

Immediate cause of death _____ Duration _____

Chronic coronary occlusion

Due to Chronic endocarditis 8 yrs.

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature John Piosik (M. D. or other) MD
Address 2807 N. Grand Blvd. Date signed 3-20-47

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

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 S. Penneke*.....

Licensed Embalmer No. *4194*.....

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.