No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15302

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 4235

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: Home 863 Harlan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 40 Yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: Missouri

(a) State (b) County

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

(d) Street No. 863 Harlan Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Michel Kowalski

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Victoria Kowalski

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 27 (Day) 1871 (Year)

8. AGE: Years 75 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Store Keeper

11. Industry or business

FATHER
12. Name John Kowalski
13. Birthplace Poland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Banda
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Victoria Kowalski

(b) Address 863 Harlan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd

APR 2 4 1947 J. F. Bredeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apeil day 23 year 1947 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Dec 6, 1946 to 4/23-47; that I last saw him alive on 4/22-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions abdomen acites
(Include pregnancy within 3 months of death)
4 XXXX abdomen

Major findings:
Of operations none

Of autopsy no

Duration

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) none

(b) Date of occurrence none

(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? no injury (Specify type of place)

While at work? (e) Means of injury none

23. Signature M. F. Hannam (M. D. or other)

Address 2739 X Grand Date signed 4/24

(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.....

Licensed Embalmer No. 3405

P.O. Address St. Louis

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.