

No. 2  
12-45  
17-39  
X47070

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. 15735  
4429  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1517a Benton Str.  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1517a Benton Str.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Joseph Trzecki  
3. (b) If veteran, name war  
3. (c) Social Security No. 494-09-0130

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Trzecki  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Nov 22 1886  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 8  
If less than one day hr. min.

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

10. Usual occupation Forebs Coffe Co.

11. Industry or business

MOTHER FATHER  
12. Name Andrew Trzecki  
13. Birthplace Poland  
14. Maiden name Josephine Jarowska  
15. Birthplace Poland

16. (a) Informant Mary Trzecki  
(b) Address 1517 a Benton Str.

17. (a) Burial (b) Date thereof 5/3/47  
(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 ave

19. (a) MAY 1 1947 (b) J. F. Brzedek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1947 hour 3 minute 55 P.M.  
21. I hereby certify that I attended the deceased from April 14 to April 30 1947  
that I last saw him alive on April 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis 5 years  
Chronic Hepatitis 5 years  
Malnutrition 1 year  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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?  
(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 Nicholas Klym (M. D. or other)  
Address 1116 Salisbury Date signed 5-1-47

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

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**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..... *Hewey 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.**