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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22439

Registrar's No. 5994

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: JOSEPHINE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ore

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3930 SHAW BLVD 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS LEWINIEC

3. (b) If veteran, name war

3. (c) Social Security No. 341-09-6066

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 OCT (Month) 15 (Day) 1883 (Year)

8. AGE: Years 63 Months 8 Days 5 If less than one day hr. min.

9. Birthplace AUSTRALIA (City, town, or county) 4 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business LIGGETT + MYERS TOBACCO Co

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Stephanie Combs

(b) Address 3930 Shaw Blvd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 23 1947 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Wm J. Robert Jr.

(b) Address 1905 S. Grand Blvd.

19. (a) JUN 21 1947 (Date received local registrar) (b) J. F. Beedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20th year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 6/8, 1947, to 6/20, 1947, that I last saw him alive on 6/19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Coma — Duration 4 days

Due to Carcinoma of stomach & transverse colon — about 1 1/2 yrs.

Due to

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. A. Millikin (M. D. or other) M.D.

Address 2608 S Kingshighway Date signed 6/20/47

(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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis 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.