S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25490

Registrar's No. 6735

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 5 mos. 18 ds
(Specify whether years, months or days)
In this community 49 yrs.

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. 1525 N. 8th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DZIEDZIC: JOHN
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Dziedzic
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased ? (Month) ? (Day) 1867 (Year)
8. AGE: Years Abt 80 Months ? Days ? If less than one day hr. min.
9. Birthplace Poland (City, town, or county) (State or foreign country)
10. Usual occupation Packing House Worker
11. Industry or business Meat Packers
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ubknown (City, town, or county) (State or foreign country)
16. (a) Informant M. C. Davenport
(b) Address 5400 Arsenal St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen - Kelly
(b) Address 4386 LINDELL BLVD
19. (a) JUL 17 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 12, 1947 year hour 1.30 minute P M.
21. I hereby certify that I attended the deceased from Dec. 1 1945 to July 12 1947; that I last saw him alive on July 12th. 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to Generalized Arteriosclerosis 1945x
Due to Retention Cyst of Kidneys
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 J. Schlenker (M. D. or other)
Address 5400 Arsenal St. Date signed 7/15/47

Jefferson City Printing Co.
(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 Tom Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

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.