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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25947

Registrar's No. 8183

1. PLACE OF DEATH:

(a) County

(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:
DePaul Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 5702 Amelia ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Peter Porzezinski

3. (b) If veteran, name war

3. (c) Social Security No. 496-22-7683

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stella Porzezinski

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

7. Birth date of deceased March (Month) 15 (Day) 1893 (Year)

8. AGE: Years 54 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Butcher

11. Industry or business

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

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

16. (a) Informant Stella Porzezinski
(b) Address 5202 Amelia ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/47 (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) JUL 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1947 hour 9:30 minute p. M.

21. I hereby certify that I attended the deceased from May 1, 1947, to July 7, 1947
that I last saw him alive on July 7th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Coronary Sclerosis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. B. Flaven (M. D. or other) MD
Address Humboldt Bldg D.B. FLAVEN Date signed 7/8/47

(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 Henry 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.