

FILED OCT 4 1947

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8932

1. PLACE OF DEATH:

(a) County St. Louis Mo
(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: 1315 Monroe St 1
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 Monroe St
26 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Stanley (Steve) Motwiczki

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced S - G
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 8 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business Laundry

12. Name Jan Motwiczki

13. Birthplace Poland (City, town, or county) (State or foreign country) 4

14. Maiden name Wronowicz Wandyk

15. Birthplace Poland (City, town, or county) (State or foreign country) 11

16. (a) Informant Martha Kleszczewski

(b) Address 1111 1/2 Champlin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Nat. Co
(b) Address 1841 Cass Ave

19. (a) SEP 24 1947 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1947 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fataly degenerating Myocarditis
Underlying Cause

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury 3

23. Signature Alfred J. Bredek (M. D. or other)

Address St. Louis Date signed 9/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

99

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.