S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40297

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10904

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: Enroute to City Hospital 3
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 South Jefferson Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Stephen Walkowiak
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) ? (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
46	?	?	hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business City Ice and Fuel Co.
FATHER
12. Name Unknown Walkowiak
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Ann Unknown
15. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Loretta Tsichlis
(b) Address 925 Geyer Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 28 1947 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 22 year 1947 hour 2 minute 00 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.

	Duration
Immediate cause of death Coronary Thrombosis.	
Due to	
Due to	
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? (Means of injury) 3
23. Signature Patrick E. Taylor (M. D. or other)
Address Dep. Coroner Date signed 11/28/47

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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

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.