

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 1003

 State File No. 2774
 Registrar's No. 491

National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution 5702 Saloma
(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

 3. (a) PRINT FULL NAME Anthony Lewandowski

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>14</u>	_____ hr. _____ min.

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

 10. Usual occupation None

11. Industry or business _____

12. Name Joseph Lewandowski 4
13. Birthplace Poland 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Prządziński
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

 16. (a) Informant Casimir Lewandowski

 (b) Address 5702 Saloma

 17. (a) Burial (b) Date thereof 1/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

 (c) Place: burial or cremation Calvary Cemetery
Central Und Co

18. (a) Signature of funeral director _____

 (b) Address 1841 Cass ave

 19. (a) JAN 17 1948 (b) J. J. Bredack
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County 000
- (c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
- (d) Street No. 5702 Saloma 9
(If rural, give location) 0
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month Jan. day 15
year 1948 hour 8.00 minute 50 P.M.

 21. I hereby certify that I attended the deceased from October
_____, 1943 to Jan. 15, 1948
that I last saw ~~him~~ her alive on Jan. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
arterio-sclerosis

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? _____ (e) Means of injury _____

 23. Signature R. R. Newcorn (M. D. or other) MBD

 Address 5330 Geraldine Date signed 1/16/48

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

John S. Pennehy

Licensed Embalmer No. *4194*

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.