S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2835

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 739

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

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: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oak
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 Knapp St 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 26 0
If yes, name country

3. (a) PRINT FULL NAME FRANK MENCZKOWSKI
3. (b) If veteran, name war NO
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife F
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased FEB (Month) 5 (Day) 1854 (Year)

8. AGE: Years 94 Months 11 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation Retired
11. Industry or business —
FATHER
12. Name Frank Menczkowski
13. Birthplace (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant Helen Menczkowski
(b) Address 1600 Knapp St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis ave
19. (a) JAN 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1948 hour 8 minute 45P M.

21. I hereby certify that I attended the deceased from Aug 1947, 19, to JAN-20th, 1948 that I last saw him alive on JAN-20-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC-MYOCORDITIS	2
Due to SENILITY	
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 Jos. J. Nawrocki (M. D. or other) MD
Address 1901 Madison St Date signed 1-24-48

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. Spillers

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.