FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13804 (13904)

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3926

1. PLACE OF DEATH:

(a) County ST. LOUIS 3 MO
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE CITY HOSP. FROM 1425A. N. MARKET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 000
(c) City or town ST. LOUIS. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1425A. NORTH-MARKET. STR. 90
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 26
If yes, name country —

3. (a) PRINT FULL NAME ALEXANDER W. ABRAMCZYK
3. (b) If veteran name war NONE
3. (c) Social Security No. 492-07-2303
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSE ABRAMCZYK
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased APR. (Month) 9TH (Day) 1886 (Year)

8. AGE: Years 62 Months 0 Days 16 If less than one day — hr. — min.

9. Birthplace POLAND (City, town, or county) (State or foreign country) 7
10. Usual occupation PUNCH PRESS OPERATOR
11. Industry or business OMAR TOOL CO

FATHER
12. Name JOSEPH ABRAMCZYK
13. Birthplace POLAND (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name SUSANNA BRONCZEK
15. Birthplace POLAND. (City, town, or county) (State or foreign country) 4

16. (a) Informant Rose Abramczyk
(b) Address 1425a No. Market St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 28-48. (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 Hogan St.
19. (a) APR 26 1948 (Date received local registrar) (b) J. F. Bussack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25TH year 1948. hour 10.30 minute 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 Hemorrhagic Pacchymeningitis; Cardiac hypertrophy; Pulmonaty Edema.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 2

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 4-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....F. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St Louis

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.