

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1002

State File No. 143902
Registrar's No. 3551

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town _____
(c) Name of hospital or institution:
2614 ST LOUIS AVE
(d) Length of stay: In hospital or institution _____
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County dc
(c) City or town ST LOUIS
(d) Street No. 2614 St Louis Ave
(e) Citizen of foreign country? No
If yes, name country POLAND

3. (a) PRINT FULL NAME KONSTANTY BRONISZEWSKI
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 13
year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-12-44 19 to 4-12-48 19;
that I last saw him alive on 4-12-48 19;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
(b) Name of husband or wife CATHERINE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 19 1877

Immediate cause of death
Chronic Myocarditis
Coronary atherosclerosis
Arteriosclerosis
Chronic interstitial nephritis
Duration _____

8. AGE: Years 70 Months 10 Days 24
If less than one day hr. _____ min. _____

Other conditions _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation RETIRED

11. Industry or business _____

12. Name UNKNOWN
13. Birthplace POLAND
14. Maiden name UNKNOWN
15. Birthplace POLAND

16. (a) Informant STANLEY BRONISZEWSKI
(b) Address 2614 ST LOUIS AVE

17. (a) BURIAL (b) Date thereof 4-15-48
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2705 St Louis Ave

19. (a) APR 14 1948
(Date received local registrar) (Registrar's signature)

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? _____
(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 _____
23. Signature John J. Nawrocki (M. D. or other) _____
Address 1900 Madison St Date signed 4-14-48

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. Kenneby
.....
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.