

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27520
Registrar's No. 7652

Registration District No. 318

Primary Registration District No. 1003

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:
4844 Pennsylvania Ave.,
(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

William Blaszkiewicz,

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 Single,
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 15, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 14 ..hr. ..min.

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

10. Usual occupation Woodworker,

11. Industry or business.....

12. Name John Blaszkiewicz,

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

14. Maiden name Hedwig Laskowska,

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

16. (a) Informant Anna Blaszkiewicz

(b) Address 4844 Pennsylvania Ave.,

17. (a) Burial, (b) Date thereof 8/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2812 Meramec St.,

19. (a) AUG 31 1948 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 600
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4844 Pennsylvania Ave.,
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1945 to Aug 1948
that I last saw him alive on 16 January 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration.....

Due to Chronic Myocarditis 9yr

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy.....

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?.....

While at work? (Specify type of place) Means of injury.....

23. Signature Charles A. Nestor (M. D. or other)

Address 5600 S. Compton Date signed 8-30-48

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.....me.....

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

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, Mo.

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.