FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 32062

Registrar's No. 1158

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1919 South 11th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether

In this community: 48 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph, Missouri (If outside city or town limits, write "RURAL")

(d) Street No.: 1919 South 11th St. (If rural, give location)

(e) Citizen of foreign country?: No (Yes or No)

If yes, name country: .....

3. (a) PRINT FULL NAME: Florian Kengerski

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: August 16, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	14	hr. ..... min.

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

10. Usual occupation: Shoe Repair Shop

11. Industry or business: Self

FATHER
12. Name: Unknown Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Anna Kengerski

(b) Address: 1919 South 11th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/2/1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Herman W. Sidenfader

(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) Nov 3, 1948 (Date received local registrar) (b) E. L. Jenkins (Registrar's Signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 8/26, 1948 to 10-27, 1948, that I last saw him alive on October 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure, Acute

Due to: Arteriosclerotic Heart Disease

Due to: .....

Other conditions: Chronic liver Disease (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 kind of place)

While at work? ..... (Specify) Means of injury: .....

23. Signature: Robert H. Ruby (M. D. or other)

Address: 1515 Felix - St. Joseph, Mo. Date signed 11-1-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

-- If this body is not embalmed, fact should be so stated above.