

FILED NOV 24 1948

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1409 1/2 NORTH-MARKET STR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 YRS. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME BOLESLAW INGIELEWICZ (WILLIAM)

3. (b) If veteran, name war NONE 3. (c) Social Security No. 489-12-2622

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA INGIELEWICZ 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased FEB. 18TH 1881 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation GENERAL LABOR 1.

11. Industry or business HUSSMAN-LIGONIER

12. Name IGNACY INGIELEWICZ

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

14. Maiden name UNKNOWN

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

16. (a) Informant Anna Ingielewicz

(b) Address 1409 1/2 N. Market St.

17. (a) BURIAL (b) Date thereof NOV. 16-48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Aud Co

(b) Address 1827 Hogan St.

19. (a) NOV 15 1948 (b) J B Foster (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1409 1/2 NORTH - MARKET ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 13TH
year 1948 hour 9³⁰ minute A. M.

21. I hereby certify that I attended the deceased from 10-24-47
to 11-7-48, 19____ to 11-7-48, 19____
that I last saw him alive on 11-7-48, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 2 yrs
of chronic

Due to Hypertensive Cardiac
vascular heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 4/8

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature J B Foster (M. D. or other) _____

Address 11901 Madison St. Date signed 11-12-48

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

MOTHER, FATHER

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.....

Henry M. Brammer

.....Licensed Embalmer No.....

4200

.....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.