No. 300
10.48

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6695

State File No. 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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Milanex

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Bros. Hospital. 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY: 0-0 U
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 12
d. STREET ADDRESS (If rural, give location): 4640a Michigan Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First): Basil
b. (Middle):
c. (Last): Sieniawski

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1949

5. SEX: Male, 0
6. COLOR OR RACE: White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed, 2
8. DATE OF BIRTH: July 11, 1872
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker,
10b. KIND OF BUSINESS OR INDUSTRY: Pullman Co.,
11. BIRTHPLACE (State or foreign country): Germany, 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UnKnown,
13b. MOTHER'S MAIDEN NAME: UnKnown,
14. NAME OF HUSBAND OR WIFE: Veronica Sieniawski,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ann Sieniawski, 4640 Michigan Ave.,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, broncho — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — ?
DUE TO (c) Arteriosclerotic Degen. C.N.S. — 9 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 92d Central Nervous System

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1948, *to* Feb, 1949 *that I last saw the deceased alive on* Feb 26, 1949, *and that death occurred at* 1:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rubin Hackmeyer M.D.
23b. ADDRESS: 4708 Virginia
23c. DATE SIGNED: Mar 1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial,
24b. DATE: Mar. 2, 1949
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery,
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 1 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St.,

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. ....., working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., ~~St. Louis, 18, Mo.~~

Signed .....
Student Embalmer

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.