No. 300
10.48

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25155

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6295

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
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) City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 2 1630 N. 18th st

3. NAME OF DECEASED (Type or Print) a. (First) Stanislaus b. (Middle) (Steve) c. (Last) Nikonowicz

4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 5 1886
9. AGE (In years last birthday) 62 | 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) Molder
10b. KIND OF BUSINESS OR INDUSTRY Foundry
11. BIRTHPLACE (State or foreign country) Poland 4
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Paul Nikonowicz
13b. MOTHER'S MAIDEN NAME Balbina Godleuski
14. NAME OF HUSBAND OR WIFE Stella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-01-9513
17. INFORMANT'S SIGNATURE OR NAME Stella Nikonowicz ADDRESS 1630 N 18th

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) PULMONARY - CANCER — INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY-HAEMORRHAGE

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) — (COUNTY) (STATE) 47
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? — 16

22. *I hereby certify that I attended the deceased from* 3-16-, 1947, *to* 7-12-, 1949, *that I last saw the deceased alive on* 7-12-, 1949, *and that death occurred at* a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jos. J. Nawrocki M.D.
23b. ADDRESS 1901 Madison St
23c. DATE SIGNED 7-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 7-21-49
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St Louis Mo (State)

DATE REC'D BY LOCAL REG. JUL 20 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Central Und Co ADDRESS 1841 Cass ave

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Albert L. Hodge

Licensed Embalmer No. 2971

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.