

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31984

State File No. ....

318

1003

7851

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|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>5527 Southwest Ave.</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>ALEX</u>   |  | a. (First) _____   |  | b. (Middle) _____  |  | c. (Last) <u>MACKEWICH</u>   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>  |  | 8. DATE OF BIRTH <u>May 19, 1883</u>   |  |
| 9. AGE (In years last birthday) <u>66</u>  |  | IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>   |  | IF UNDER 24 HRS. Hours _____ Min. _____  |  | 4. DATE OF DEATH <u>Sep't. 9 1949</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Curlee Clo. Co.</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Poland</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>Unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Late Della Mackewich</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>William Meier</u> ADDRESS <u>5527 Southwest Ave.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>             |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic carcinoma (nt)</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Asthma</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>not known</u><br><u>death 9/9/49</u>      |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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) <u>Mo.</u>   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____                     |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>1st floor</u>  |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>1/14, 1949</u> to <u>9/9, 1949</u> , that I last saw the deceased alive on <u>9/8, 1949</u> and that death occurred at <u>1:30A m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE <u>L. J. Nugan M.D.</u> (Degree or title)   |  |  |  | 23b. ADDRESS <u>7816 Sutter</u>  |  | 23c. DATE SIGNED <u>9/9/49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Sep. 12, 1949</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>          |  |
| DATE REC'D BY LOCAL REG. <u>SEP 10 1949</u>  |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>                                     |  |  |  |

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

1816 Section One  
April

**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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Lehigh Highway

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.