

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

38720

State File No. 9944

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri, b. COUNTY _____ | | | |
| b. CITY OR TOWN St. Louis, .. | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis, .. | | d. DATE OF DEATH (Month) (Day) (Year) November 21, 1950. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 3218 Pulaski St., | | | | e. STREET ADDRESS (If rural, give location) 3218 Pulaski St., | | | |
| 3. NAME OF DECEASED (Type or Print) Anthony | | a. (First) S. | | b. (Middle) Kwiatkowski, | | c. (Last) | |
| 5. SEX Male, <input checked="" type="radio"/> | | 6. COLOR OR RACE White, | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single, <input checked="" type="radio"/> | | 8. DATE OF BIRTH February 28, 1886 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker, | | 10b. KIND OF BUSINESS OR INDUSTRY Retired 5 Years | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <input checked="" type="radio"/> | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Adam Kwiatkowski, | | | 13b. MOTHER'S MAIDEN NAME Mary Skredynski, | | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 493-09-3828 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Kwiatkowski, 3218 Pulaski St., | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | |
| 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) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 162X | | | | | |
| 22. I hereby certify that I attended the deceased from June, 1949, to Nov, 1950, that I last saw the deceased alive on 15 Nov, 1950, and that death occurred at 2:00A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Charles A. Neeter M.D. (Degree or title) | | | | 23b. ADDRESS 5600 V. Compton | | 23c. DATE SIGNED 11-21-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, <input checked="" type="radio"/> | | 24b. DATE Nov. 24, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery, | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. NOV 22 1950 | | REGISTRAR'S SIGNATURE J-B Lucator | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St. St. Louis, 18, Mo. | | | |

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....

Joe S. Benz

Signed.....

Student Embalmer

Licensed Embalmer No. 1219

P. O. Address 2842 Meramec St.,

St. Louis, 18, Mo.

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.