

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40886**
10911

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2209	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2624 N. 21 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2624 N. 21 St.</u>		e. STREET ADDRESS (If rural, give location) <u>2624 N. 21 St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>Wisniewski</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwedded</u>	
8. DATE OF BIRTH <u>5-8-1884</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>6 17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Social worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Agnes Moneski</u>		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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Stanley Wisniewski</u>		18. ADDRESS <u>2624 N. 21st.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Left Cerebral Hemorrhage (apoplexy)</u>		21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
*This does not mean (1) manner of dying, such as heart failure, asthma, means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Chronic Myocarditis</u>	
		DUE TO (c) <u>Arteriosclerosis</u>		DUE TO (c) <u>1 year</u>	
19a. DATE OF OPERATION <u>2-4-52</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE (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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4221</u>	

22. I hereby certify that I attended the deceased from 6-30, 1952 to 11-25, 1952, that I last saw the deceased alive on 11-25, 1952 and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anthony A. Peforski M.D.</u>		23b. ADDRESS <u>1525 a Cass Ave</u>		23c. DATE SIGNED <u>11-26-52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>St. Louis</u>		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>NOV 28 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Louis Funeral Home</u>	
		ADDRESS <u>2205 St. Louis Ave.</u>		ADDRESS	

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

1412

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

John J. Haines

Licensed Embalmer No. *4135*

P. O. Address *St. Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 40886
Local Registrar's No. 10911

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

for Stanislaus Wisniewski, who, upon oath, states that the original record of birth
died 11-25, 1952, in the State of death
correct born

Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 3 should read ~~Stanislaus Wisniewski~~

Instead of Stanley

Item No. 17 should read Stanley Wisniewski-2624 N. 21st

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant St. Louis Funeral Home Relationship.

B. Kosakowski

2205 St. Louis Ave
Present Address.

Subscribed and sworn to before me this 5 day of Dec, 1945

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

3010
Affidavits containing erasures will not be accepted; draw one line through error and write above.

