

STANDARD CERTIFICATE OF DEATH

7667

State File No. 1797

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 1797

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) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alphian Bro.</u>		d. STREET ADDRESS (If rural, give location) <u>26 1952 Wright St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Jankowski</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 53</u>		
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>3-2-1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dreyfus Nashville Ill</u>	11. BIRTHPLACE (State or foreign country) <u>Nashville Ill</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Ignacy Jankowski</u>	13b. MOTHER'S MAIDEN NAME <u>Antonia Krawiecki</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W.W.I.</u>	16. SOCIAL SECURITY NO. <u>488-05-6193</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bennie Jankowski</u>	ADDRESS <u>1952 Wright</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cal of Protote c generalis metastas 2 yrs</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>177X</u>
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22. I hereby certify that I attended the deceased from 11/4, 1952, to 2/13, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. ...</u> (Degree or title)	23b. ADDRESS <u>1901 Madison St</u>	23c. DATE SIGNED <u>2/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>FEB 16 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St Louis Funeral Home</u>	ADDRESS <u>2205 St Louis ave</u>
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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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Etton R. Penick

Licensed Embalmer No. 4285

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.