REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10195
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001 — Registered No. 377
(b) Township Washington — Primary Registration District No. 85
(c) City St. Joseph (d) Street No. 1120 S. 20th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 48 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? 48 yrs. — mos. — ds.

2. PRINT FULL NAME Vincent Anthony Czerwinski
(a) Residence, No. 1120 S. 20th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Theresa Tekla Czerwinski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1875.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as saw mill, bank, etc. Swifts & Co.
10. Date deceased last worked at this occupation (month and year) 1938.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Poland

FATHER
13. NAME Anthony Czerwinski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Poland

MOTHER
15. MAIDEN NAME Mary Krystofik
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Poland

17. INFORMANT Mrs. Teresa T. Czerwinski
(ADDRESS) 1120 S. 20th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Apr. 11, 1939

19. FUNERAL DIRECTOR H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Apr 10, 1939 A. J. Neffebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 8, 1939
I last saw him alive on April 8, 1939. Death is said to have occurred on the date stated above, at 10 3/4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-2-39
Hypertension Heart Disease	
Mitral Stenosis	

Other contributory causes of importance:

Cerebral Vascular accident (Hemorrhage)	8-28-38

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
Evidence

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Wm. B. Rost M. D.
(Address) St. Joseph's Hospital St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WRITE PLAINLY, WITH UNFADING INK. A PENCIL MARK WILL NOT PHOTOGRAPH.
1 X12004

STATEMENT BY LICENSED EMBALMER

I, Elbert E.Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

****** L. E. *******

No. ******* or by ********** , Registered Apprentice No. ******

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

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.)