

REC'D FEB 10 1939

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

382
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1003 Primary Registration District No. 382
(c) City ST. LOUIS MO (d) Street No. 1607 N. 18TH STR Registered No. 382
(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 yrs. mos. da. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME

322 LUDWIG CUDAKIEWICZ
(a) Residence, No. 1607 N. 18 STR St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DOMINIKA CUDAKIEWICZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 24 = 1881.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. SCALER = PACKING CO.
10. Date deceased last worked at this occupation (month and year) MAY 1928 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND 7

FATHER 13. NAME MATEUS CUDAKIEWICZ 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND 7

MOTHER 15. MAIDEN NAME DONT KNOW. 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND. 7

17. INFORMANT (ADDRESS) Anthony J. Cudakiewicz
1607 N. 18TH STR.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JAN 13TH 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BROCKLAND UND. CO.
1827 HOGAN STR.

20. FILED JAN 12 1939 J. B. Budach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 10TH 1939

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1935 to Jan 10th 1939

I last saw him alive on Jan 7th 1939. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

Active Pulmonitis

Date of onset
year

Other contributory causes of importance: 7

Name of operation Lab. Date of as

What test confirmed diagnosis? Lab. Was there an autopsy? as

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? _____

If so, specify Active Pulmonitis

(Signed) Anthony J. Cudakiewicz, M. D.

(Address) 2202 University St.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John B. Brockland

Licensed Embalmer No.....

98

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, above space should be left blank.