APR 12 1939

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

8485
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 2250

(c) or City St. Louis, Mo. (d) Street No. ..... Isolation Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

652

2. PRINT FULL NAME Frank J. Carnoske

(a) Residence, No. 7132 Southwest Ave. St. 4
(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: 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 ELLEN CARNOSKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1876

7. AGE: Years 63 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Theodore Czanososki

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Augusta Spaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, N.Y.

17. INFORMANT E. Shields
(ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE MARCH 9 - 1939

19. FUNERAL DIRECTOR (NAME) Croghan
(ADDRESS) 7146 MANCHESTER AVE

20. FILED MAR 8 1939 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-5-39, 19..., to 3-7-39, 19...
I last saw him alive on 3-7-39, 19... Death is said to have occurred on the date stated above, at 2:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas, Face	
Other contributory causes of importance:	
Degenerative	
Heart Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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
(Signed) Geo. S. Bryan M. D.
(Address)

(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.

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 Francis A. Williamso

Licensed Embalmer No. 3565

P. O. Address 7146 Manchest

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Deceased had surname
changed by Court Order

O'Flaherty, Clerk
Vital Statistics
St. Louis Mo.

This info. was supplied
by the funeral director

115-8485

Mar 7-39