

MAY 15 1939

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

16218
Do not use this space.

MAY 18 1939

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 887
 (c) City Jefferson Barracks (d) Street No. Veterans Hospital St.
Unkn. (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.

2. PRINT FULL NAME Ignacy Rudowicz

(a) Residence, No. 3723 Palm St. St. St. Louis, Mo.
 (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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker
 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) Poland

13. NAME Ignacy Rudowicz

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

15. MAIDEN NAME (?) Sokolowski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Ignacy Gierk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE V. A. F. Jefferson Barracks DATE May 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Central Und. Co. 1841 Cass Ave.

20. FILE MAY 15 1939 W. K. Mlynski, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to May 14, 1939

I last saw him alive on May 14, 1939 Death is said to have occurred on the date stated above, at 3:45A. m.
 The principal cause of death and related causes of importance were as follows:

Appendicitis, acute, ruptured with generalized peritonitis. Date of onset 4-18-39

Other contributory causes of importance: None

Name of operation Laparotomy with drainage Date of 4-1-39
Phys. clinical mani. and lab.
 What best confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury NO

Where did injury occur? NO (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO
 Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify NO
 (Signed) C. W. HUGHES, Chief Med. Off. M. D.

(Address) VAF Jefferson Bks., Mo.

B. C. (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

J. G. Sullivan
.....
Licensed Embalmer No. 1122

P. O. Address.....

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.