

7495
No. 2
11-10-39
-17-39-7
1 X2147

MAY 15 1940 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3332

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2301 Howard
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Ijnci Sokolowski 242

3. (b) If veteran, name war No. 8. (c) Social Security No. 498-03-0330

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 4 1887
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day
63 2 6 hr. _____ min.

9. Birthplace Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Foundry Worker

11. Industry or business _____

12. Name Ignatz Sokolowski

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Adele Rudowicz

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Wisniewski

(b) Address 2508 Dodier St.

17. (a) Burial (b) Date thereof 4-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) APR 12 1940 (b) _____
(Date received local registrar)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10,
year 1940 hour 3:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 20, 1940 to April 10, 1940;
that I last saw him alive on April 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Pneumococcus meningitidis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1515 Lafayette 4/13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Hopper

Licensed Embalmer No. 2871

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.