

No. 2
1-10-39
-17-39
X21492

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Rynkowski, Frank 522
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased July 6 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Labor

11. Industry or business Foundry, Brake

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant A. C. Vertowski
(b) Address 1429 Cleary

17. (a) Burial (b) Date thereof May 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Ave.

19. (a) MAY 17 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1429 Cleary
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1940 hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration _____
Arterio Sclerosis; Fracture neck of right femur, suffered when deceased
Due to fell to floor in his home, on April 22nd, 1940, about 3:00 P.M.

Due to _____
Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 22nd, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work _____ (Specify type of place)
(b) Means of injury 21

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 5-17-40

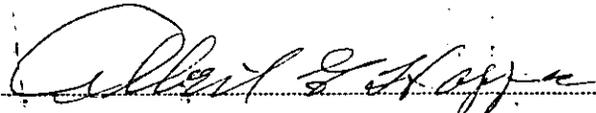
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No..... 2991

P. O. Address.....

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

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