

13-40
17-39
X23159

Registration District No. **791**

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:
1721 N. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME STANISLAW SADOWSKI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mary Sadowski
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Sept 3 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

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 Stanley Sadowski Jr

(b) Address 1721 N. 9th St

17. (a) Burial (b) Date thereof Oct 19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Dist. Co

(b) Address 1841 Cass Ave

19. (a) OCT 18 1940 (b) J.F. Beckwith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 N. 9th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 1940 hour 12:30 minute PM

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 Fracture of 4-5-6 Ribs on Right Side, Fracture of Skull Duration _____

Due to as a result of being struck by a truck while pushing a push cart

Due to Pushing a push cart

Other conditions Pat. Fracture of 4-5-6 Ribs on Right Side, Fracture of Skull
(Include pregnancy within 3 months of death)

Major findings: Sts about 1:30 A.M. Oct-17-1940

Operations: one search moron

Of autopsy Accepted

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

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

(b) Date of occurrence 10/17/40

(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?
Public Place

While at work? _____ (Specify type of place) _____
(Type of work) (Type of injury) Auto

23. Signature Alfred Perry (M. D. or other) _____

Address 1721 N. 9th St Date signed 10/18/40

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 *J. S. 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, fact should be so stated above.