

No. 2
-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40468
State File No. 10239
Registrar's No.

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1920a Wright 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 51 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. **26**
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 a Wright St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 51 years.

3. (a) PRINT FULL NAME

Franciszka Ryczek

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Ryczek

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

7. Birth date of deceased February (Month) 25 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>15</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Housework

11. Industry or business At home

12. Name Joseph Kornett

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

14. Maiden name Mary Brazen (City, town, or county) (State or foreign country)

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

16. (a) Informant 1918 Wright St.

(b) Address Donald Kornett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 Hogan St.

19. (a) DEC 13 1940 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th year 1940 hour 1 minute 0 a., M.

21. I hereby certify that I attended the deceased from Oct 10/40 to Nov 11, 1940
that I last saw her alive on Nov 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Acute

Due to Myocarditis chronic

Other conditions Angina
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy ✓

Duration 1 da.
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) ✓
(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 J. V. Peeler (M. D. or other) ✓
Address 2505 N. P. ... Date signed 12/12/40

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.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

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.