

3-2  
7-39  
K23159

**FEB 25 1941**  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 639

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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Frank Penkala

3. (b) If veteran S.S. 494-09-7825 name war unk. (c) Social Security No. unk.

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

6. (b) Name of husband or wife Helen Czykala 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Unknown 1885 ?  
(Month) (Day) (Year)

8. AGE: Years abt. 56? Months Days If less than one day  
hr. min

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

10. Usual occupation Laborer

11. Industry or business

12. Name Wojciech Penkala

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

14. Maiden name Rose Krajewski

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

16. (a) Informant Helen Penkala

(b) Address 1939m Montgomery St.

17. (a) Burial (b) Date thereof 1/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2205 St. Louis Avenue

19. (a) JAN 21 1941 (b) J.P. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 2617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1939 Montgomery Street 9  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16,  
year 1941 hour 10:20 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from January  
9, 1941, to January 16, 1941.  
that I last saw h im alive on January 16, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Degenerative Heart disease  
Due to Fibrosis of myocardium

Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 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) \_\_\_\_\_  
(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 R.J. Maxwell (M.D. or other) 1/20/41  
Address 1515 Lafayette Ave Date signed

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

MOTHER FATHER

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**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..... *G. W. Wilkinson*  
Licensed Embalmer No..... 357.

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, fact should be so stated above.**