

No. 2
-13-40
-17-39
K23150

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13222

State File No.

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3652

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Imperial City Hosp #13
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State mo (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1425 Reau St 7th flt
(If rural, give location)

(e) If foreign born, how long in U.S.A. _____ years.

3. (a) PRINT FULL NAME Lawrence Wassel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 8
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased abt 1884
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>abt</u>	<u>57</u>			hr. _____ min. _____

Immediate cause of death Chronic Myocarditis
Chronic Intestinal Neoplasm

Due to _____

Due to _____

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

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

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? _____

16. (a) Informant James P. Brennan

(b) Address 1300 Clark

17. (a) _____ (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. P. R. R.

(b) Address 3500 Ruy

19. (a) APP 29 1941 (b) J. M. Brudick
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury 3

23. Signature Alfred Perry (M. D. or other) _____
Address Seelye Corone Date signed 4/15/41

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

6
0
1
9

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.....

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.