

Registration District No. **791**

Primary Registration District No. **1003**

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:
En Route City Hospital #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. **35**
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **207**
(If outside city or town limits, write "RURAL")
(d) Street No. **2339 University St.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Stanley Bonczek**

3. (b) If veteran, name war..... 3. (c) Social Security No. **488-10-091**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Margaret** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **May 8 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 - 29 hr. min.

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

10. Usual occupation **Finisher**

11. Industry or business **H. Pauk and Son**

12. Name **Stanley**
13. Birthplace **Poland**
(City, town, or county) (State or foreign country)
14. Maiden name **Rosalie**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Bonczek**
(b) Address **2339 University St.**
17. (a) **Burial** (b) Date thereof **June 10, 1941**
(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 Ave.**

19. (a) **JUN 9 1941** (b) **L. F. Brodzek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th**
year **1941** hour **3:50** minute **P.** M.

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

Immediate cause of death **Internal Hemorrhage due to gunshot wound of chest, self inflicted in attic of his home, 2339a University St., June 6, 1941, about 3:45 P.M.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **167 167**
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) **Suicide**
(b) Date of occurrence **June 6, 1941**
(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
(Specify type of place)

23. Signature **Alfred Perry** (M. D. or other) **3**
While at work (Specify type of place) (M. D. or other)
Address **2339 University St.** Date signed **6/9/41**

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

4
0
17
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..... *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.