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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23306

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5658

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 3 Days (Specify whether
In this community Life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis - 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1729 B. Franklin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ 0 years.

3. (a) PRINT FULL NAME Edward J. Rygalski

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March (Month) 20 (Day) 1930 (Year)

8. AGE: Years 11 Months 3 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Attending School

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Frances Grzegorowska
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Jean Michael
(b) Address 1729 Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Brookland Und Co
(b) Address 1827 Hogan St.

19. (a) JUL 9 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7, year 1941 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from July 5, 1941, to July 7, 1941, that I last saw him alive on July 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous leukemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. J. Maxwell (M. D. or other) 0
Address 1515 Lafayette Ave., Date signed 7/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.