

FILED JAN 24 1942

791

Primary Registration District No.

1003

Registrar's No. 10220

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1100 Rutger 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 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St Louis 23000
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 Rutger St. 8
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1941 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from Nov 25
1941 to Dec 21 1941
that I last saw h. alive on Dec 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Endocarditis Duration

Due to.....
Due to Arthritis

Other conditions (Include pregnancy within 3 months of death) 92d

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 Robt. O. Huban (M. D. or other)
Address 366 S. Broadway Date signed 12-27-41

3. (a) PRINT FULL NAME Tillie Dzwonczyk
3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
John Dzwonczyk 15 years
7. Birth date of deceased. Jan. 15, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 6 hr. min.

9. Birthplace Vissava 4 Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Jacob Kurlik
13. Birthplace Vissava Austria
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dzwon
15. Birthplace Vissava Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Dzwonczyk
(b) Address 1100 Rutger St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 12/23/41
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Rita Church

18. (a) Signature of funeral director Charles A. ...
(b) Address 1722 S. Jefferson Ave
19. (a) 12-23-1941 (Date received local registrar) (b) J. P. ... (Registrar's signature)

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

~~SECRET~~

10-27

~~SECRET~~

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 Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address 7401 Zephyr Pl.

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.