

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

80

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

496

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:
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **50 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2525 East Hebert St. 0**
(If rural, give location)
(e) Citizen of foreign country? **American** (Yes or No)
If yes, name country

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17
9

3. (a) PRINT FULL NAME **Stanislaus Fijalkowski (Steve Blum)**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Josephine** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **April 13, 1872**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **1** If less than one day hr. min.

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

10. Usual occupation **Retized Blacksmith**

11. Industry or business.....

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Josephine Evertson**

(b) Address **1444 Mc Carrol Ave**

17. (a) **Burial** (b) Date thereof **1/17/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Brookland**

(b) Address **1827 Hogan St**

19. (a) **JAN 16 1942** (b) **J. F. Budek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **14**
year **1942** hour **5** minute **30** 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.....

Coronary Sclerosis
Arterial Sclerosis

Due to.....
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?
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature **Thomas Callender** (M. D. or other)

Address **Deputy Coroner** Date signed **1/15/42**

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

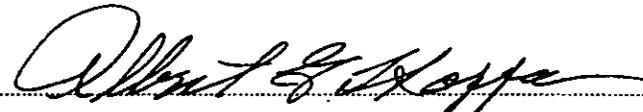
MOTHER FATHER

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..... 2971

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.