

FILED APR 27 1942

791

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2324 Mullanphy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 years (Specify whether
In this community 38 years years, months or days)

3. (a) PRINT FULL NAME John Gawrych

3. (b) If veteran name war no 3. (c) Social Security No. 4-88-09-7073

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bronislawa 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 10 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Charley oak stove

MOTHER FATHER
12. Name Kazimierz
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Katarzyna Mrozek
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant wife B Gawrych

(b) Address 2324 Mullanphy St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director St. Lubis Funeral Home

(b) Address 2205 St. Louis ave

19. (a) ADD 21 1942 (Date received local registrar) (b) J. F. Bredet (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 20 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2324 Mullanphy 8
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 18th 1941 to April 20th 1942
that I last saw him alive on April 20th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 wk.

Due to Chronic Interstitial Nephritis

Due to and Arteriosclerosis 1 yr.

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

Major findings: Of operations XXXXXXX / 21 Of autopsy XXXX 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) XXXX
(b) Date of occurrence XXXX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX
While at work? XXX (Specify type of place) (f) Means of injury 0

23. Signature Dr. W. H. Walter (M. D. or other) Address 3608 S. Grand Blvd., Date signed 4/21/42

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.....

J. Wm. Dinkley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo.*

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.