V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Wr. W28255
State File No. Andrews

SEP 10 1942

Registration District No. 318 · Primary Registration District No. 1003 · Registrar's No. 7323

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 Mo. Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 week
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland (If outside city or town limits, write "RURAL") Wd 3
(d) Street No. 10,100 Public Drive (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REV. JOSEPH A. SSKWOR
3. (b) If veteran, name war World War #1
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Birdie
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Aug. (Month) 15 (Day) 1881 (Year)

8. AGE: Years 61 Months 9 Days 15 If less than one day hr. min.
9. Birthplace East St. Louis Ill. (City, town, or county) (State or foreign country)
10. Usual occupation retired Minister
11. Industry or business Overland Baptist Church
FATHER 12. Name Joseph Sskwor
13. Birthplace Europe (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Rajek
15. Birthplace Europe (City, town, or county) (State or foreign country)
16. (a) Informant Birdie Sskwor
(b) Address 10,100 Public Dr. Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-[illegible]-42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Baumann Brothers
(b) Address 2284 Woodson Overland Mo
19. (a) SEP 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 30 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 8-30-42, 19, to 8-30-42, 19, that I last saw h alive on 8-30-42, 19, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Dermicis	
Due to asthma Bronchial	
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 R. K. Sandman (M. D. or other)
Address 4832 Maryland Date signed 9-[illegible]-42

847 (Licensed Embalmer's Statement on Reverse Side)

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

69 30 Drawyhead

SEP 10 1942

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 Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address Overland, 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.