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S. No. 2
UM-542
v. 5-17-39
P-1 X32873

39201

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN - 5 1943

Registration District No. 218

Primary Registration District No. 1002

Registrar's No. 10813

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 Months
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
12

(c) City or town St. Louis 726
(If outside city or town limits, write "RURAL.")

(d) Street No. 1214 Monroe Str.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Anthony S. Pierzynski

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24,
year 1942 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from October
25, 1942, to December 24, 1942
that I last saw him alive on December 24, 1942
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Jan. 5 1885
(Month) (Day) (Year)

Immediate cause of death
Pneumonia of Lung

Duration

8. AGE: Years Months Days If less than one day
57 11 19 hr. min.

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca 2 Lung

Of autopsy Tome

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

10. Usual occupation Moulder

11. Industry or business

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Stanley Pierzynski

13. Birthplace Poland (City, town, or county) (State or foreign country) 4

14. Maiden name Anna Osenkarska

15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant Frances Pierzynski

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?

(b) Address 1214 Monroe Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42
(Month)-(Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co

(b) Address 1841 Cass Ave

19. (a) DEC 27 1942 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

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

23. Signature S. Highsmith (M.D. or other) 0

Address 1515 Lafayette Avenue Date signed 12/26/42

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

HIGHSMITH

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

Albert G. Koffa

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.