

No. 2  
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X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6145

State File No. ....

FILED MAR 3 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
---  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months 13 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCIS P. BRUDZINSKI (Cpl)

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

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

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

7. Birth date of deceased July 23 1919  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 6 28 hr. min.

9. Birthplace Syracuse New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-12016146

11. Industry or business Co. B, 28th Infantry

12. Name Frank Brudzinski

13. Birthplace Syracuse New York  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant U. S. Army Records

(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (b) Date thereof Feb. 24, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse New York.

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th., Rolla Missouri

19. (a) Feb. 22, 1943 (b) H. J. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Onondaga  
(c) City or town Syracuse  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1131 West Belden Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21  
year 1943 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Not attended  
Dead on arrival at hospital  
that I last saw him alive on --- 19---  
and that death occurred on the date and hour stated above.

Immediate cause of death Burns, second degree of the face, hands, and lower extremities, first degree of the rest of the body.

Due to ---

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

Major findings: Of operations ---

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence February 21, 1943

(c) Where did injury occur? Jefferson City, Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Hotel room

Home While at work? No (Specify type of place) (e) Means of injury Fire

23. Signature Walter ... (M. D. or other) W.D.

Address ... Date signed 2/22/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MAR 3 1943

MAY 20 1943

**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..... *S. C. Murrel*  
Licensed Embalmer No..... *3297*  
P. O. Address..... *Roller, MI*

**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.**