

FILED **Jul 21 1948**

Primary Registration District No. **1003**

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

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

3. (a) PRINT FULL NAME Rev Francis A. Pudlowski
3. (b) If veteran, name war _____ 3. (c) Social Security No. 1244

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 15 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months II Days 27 If less than one day
hr. _____ min. _____

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Priest

11. Industry or business _____
12. Name Frank X. Pudlowski
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Angela Ligmanewski
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Rose Pudlowski
(b) Address 1621 1/2 N. 18th St.

17. (a) Burial (b) Date thereof 7-15-44
(Burial, cremation, or removal) (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) Jul 17 1948 (b) J. F. Bruck
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 726
(a) State Mo. (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1621 N. 8th Str.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 1948
year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 6, 1948 to July 12, 1948
that I last saw him alive on July 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death general carcinomatous
Due to originating in rectum
Due to _____

Other conditions (Include pregnancy within 3 months of death) Ho
Major findings: Of operations Ca of abd organs
Of autopsy no
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm P Glennon (M. D. or other)
Address University Club Blvd Date signed 7/13/48

844

OCT 19 1945

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 *John Agnoski*
Licensed Embalmer No. *3398*

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.