

FILED SEP 8 1944 318

Registration District No. 318 Primary Registration District No. 1003

State File No. 26462
Registrar's No. 7283

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:
1221 Clinton Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1221 Clinton Str.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **John Moczynski**
(b) If veteran, name war.....
(c) Social Security No. **396-27-6500**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **20**
year **44** hour **2** minute **20 P.M.**
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color **White** race
6. (a) Single, widowed, married, divorced **W 9**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive **1885** years
7. Birth date of deceased..... (Month) (Day) (Year)

Immediate cause of death.....
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

8. AGE: Years **59** Months Days If less than one day hr. min.

Duration
Coronary Thrombosis
Physician
Underline the cause to which death should be charged statistically.

9. Birthplace **Poland** (City, town, or county) (State or foreign country)
10. Usual occupation **Carpenter**

MOTHER FATHER
11. Industry or business.....
12. Name **Unknown**
13. Birthplace **Poland** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Poland** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anna Moczynski**
(b) Address **1221 Clinton Str.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-23-44** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters**
18. (a) Signature of funeral director **Central Und. Co.**
(b) Address **1841 Cass ave**
19. (a) **AUG 22 1944** (Date received local registrar) **J. F. Bradeck** (Registrar's signature)

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 **Alfred J. Krey** (M. D. or other) **3**
Address **Chicago, Ill.** Date signed **8/24/44**

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

1300

