

No. 2  
4-5-43  
5-17-39  
I X36671

**FILED SEP 30 1944**

Registration District No. **818**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County **City of St. Louis**

(b) City or town **City of St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **47 years**  (Specify whether years, months or days)

In this community **47 years**  (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Joseph P. Michalski**

**3. (b) If veteran,** name war **none**

**3. (c) Social Security No.** **497-03-3192**

**4. Sex** **male** **5. Color or race** **white**

**6. (a) Single, widowed, married, divorced** **married**

**6. (b) Name of husband or wife** **Praxy Michalski**

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **February 15 1881**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>63</b>	<b>7</b>	<b>7</b>	hr. _____ min. _____

**9. Birthplace** **Detroit Michigan**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **crane operator**

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** **Marcellis Michalski**

**13. Birthplace** **unknown** **9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **unknown**

**15. Birthplace** **unknown** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Praxy Michalski**

**(b) Address** **4523 Tennessee Avenue**

**17. (a) burial** **(b) Date thereof** **9-25-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **New SS Peter & Paul Cemetery**

**18. (a) Signature of funeral director** **Southern Funeral Home**

**(b) Address** **6322 South Grand Blvd**

**19. (a) SEP 23 1944** **(b) J.F. Bredek**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **4523 Tennessee Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **22** year **1944** hour **4:00** minute \_\_\_\_\_ a.m.

**21. I hereby certify that I attended the deceased from** **Sept 15** 19**44** to **Sept 22** 19**44**  
**that I last saw him alive on** **Sept 5** 19**44**  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** **Cerebral apoplexy**

**Due to** **hypertension**  
**atherosclerosis**

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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** **Robert E. Warner** (M. D. or other) **NO**

**Address** **Paul Brown Bldg** **Date signed** **Sept 23 1944**

Duration

**7 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Warner

Paul Brown Bldg

10:30 to 3:00

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**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.....

*Vincent L. Berryman*

Licensed Embalmer No.....

*4018*

P. O. Address.....

*St. Louis, 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.**