

FILED NOV 10 1944  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32669  
State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9184

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(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 7 days  
(Specify whether  
In this community 44  
years, months or days)

3. (a) PRINT FULL NAME

George Paczos

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race w 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 March 22 1913  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Pattern maker

11. Industry or business Foundry

12. Name Marlin Paczos

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

14. Maiden name Teofila Machajski

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

16. (a) Informant Alex Paczos

(b) Address 1221 Clinton St

17. (a) Burial (b) Date thereof 10 31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter Cemetery

18. (a) Signature of funeral director St Louis Funeral Home

(b) Address 2905 St Louis Ave

19. (a) OCT 30 1944 (Date received local registrar)  
J. J. Brecht (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1221 Clinton St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th  
year 1944 hour 9:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10/21/44  
\_\_\_\_\_, 19\_\_\_\_, to Oct. 28th, 1944

that I last saw him alive on Oct. 28th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Stomach

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

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E W Lychner (M. D. or other)  
1505 Lafayette Date signed 10/30/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Teofila Machajski  
Marlin Paczos

**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 *Johann 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
City of St Louis } ss.  
County of \_\_\_\_\_

State File No. 831  
Local Registrar's No. 9184

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of November, 1944, before me appears Alex Paczos, who, upon his oath, states that the original record of <sup>birth</sup> death

for George Paczos, died <sup>born</sup> October - 28 -, 1944, in the State of Missouri, and which was filed at St Louis on 10-30, 1944, should be corrected as follows:

Item No. 3-A should read George (Wajsiak) Paczos,  
Instead of George Paczos

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Alex Paczos Brother Relationship.  
51 Rice Mrs. Edwardsville Present Address. Pa

Subscribed and sworn to before me this 3 day of Nov., 1944.

Paul C. Padders, Notary Public.

My Commission expires March 4, 1945

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

