

FILED JAN 5 1945 18

1003

Registrar's No. 10821

Registration District No. Primary Registration District No.

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: 1948 Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 21 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1948 BENTON ST.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME VICTOR FILIPSKI

3. (b) If veteran, name war. 3. (c) Social Security No. 494-01-8359

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife EVA 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased JULY 20 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 28 hr. min.

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

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business EMERSON ELEC. MFG. CO.

MOTHER FATHER  
12. Name JOSEPH FILIPSKI  
13. Birthplace W. POLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name ANN NULAR  
15. Birthplace W. POLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Filipski  
(b) Address 1948 Benton St  
17. (a) BURIAL (b) Date thereof 12-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation POSEN, ILL.

18. (a) Signature of funeral director ST. LOUIS FUNERAL HOME  
(b) Address 2205 ST. LOUIS AVE  
DEC 19 1944  
19. (a) (Date received local registrar) (b) J. Bralock  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17  
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 11 1944 to Dec 17 1944  
that I last saw him alive on Dec 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis & Endocarditis

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?

White at work? (Specify type of place)  
(e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address 1901 Jefferson St. Date signed 12/18/44

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

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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 John Ogonoska  
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.**