

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 748
Registrar's No. 737

Registration District No. 318
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town St Louis Mo.
(c) Name of hospital or institution: Enroute to City Hospital
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days) 2
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St Louis
(c) City or town ST LOUIS
(d) Street No. 2224 E. N. MARKET
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME LEO. SCHULTZ (CZIZEWSKI)
3. (b) If veteran, name war NO
3. (c) Social Security No. 489-12-1491

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22
year 1945 hour 8 minute 30 a.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 or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MAMIE SCHULTZ
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased AUG 22 1870
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis
Arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 74 Months 5 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace ASHLEY ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED STAT. FIREMAN

11. Industry or business _____
12. Name MARION CZIZEWSKI
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES SMITH
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant E.S. SCHULTZ
(b) Address 3905 A PARNELL
17. (a) BURIAL (b) Date thereof 1-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director ALBERT H. Hoppe
(b) Address 4709 WASHINGTON
19. (a) JAN 24 1945 (b) J. T. Bredek
(Date received local registrar) (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 Patrick E. Taylor (M. D. or other) 2
Address 209 E. N. MARKET Date signed 1/24/45

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

MOTHER FATHER

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 Ogonoski
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.