

FILED JUL 3 1946
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State File No. _____
Registrar's No. **5635**

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 10 mos. 15 ds.
(Specify whether _____)

In this community 36 yrs.
years, months or days

3. (a) PRINT FULL NAME JOHN FRYCKI

3. (b) If veteran, name war _____ **3. (c) Social Security No.** 492-05-929

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

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

6. (b) Name of husband or wife Anne Frycki **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased June 5, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Night watchman

11. Industry or business not known

12. Name Poland

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

14. Maiden name not known

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

16. (a) Informant Class Robinson
(b) Address 5400 Arsenal St.

17. (a) Burial **(b) Date thereof** 6/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director Arthur W. ...
(b) Address 1722 S. Jefferson

19. (a) JUN 26 1946 **(b) J. J. ...**
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 208 S. George St.
City Sanitarium

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946
hour A minute _____

21. I hereby certify that I attended the deceased from Jan 1st, 1946 to June 25, 1946
that I last saw him alive on June 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertensive Heart Disease 5yrs.x.

Due to Senility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 J. Schuler (M. D. or other) _____
Address 5400 Arsenal **Date signed** 6/25/46

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

FATHER {
MOTHER {

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..... *W. A. Church Jr.*

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jeff*

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. . .