

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32759**
Registrar's No. **1201**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan.**
(b) City or town **St. Joseph.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days.**
(Specify whether
In this community **Lifetime.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **Buchanan.** //
(c) City or town **St. Joseph.** /
(If outside city or town limits, write "RURAL")
(d) Street No. **815 South 21st Street.** 7
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Anthony John Dombrowski.**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **491-24-7809**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **20**
year **1946** hour **11.** minute **10 A.** M.
21. I hereby certify that I attended the deceased from **Oct 19**
19**46** to **Oct 20** 19**46**;
that I last saw him alive on **Oct 20** 19**46**
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 **Helen V.** 6. (c) Age of husband or wife if
alive **48** years
7. Birth date of deceased **June 13, 1895.**
(Month) (Day) (Year)

Immediate cause of death **Tubercular Dissection, Bowden**
duralike Duration **Short**
Due to **Hyponatremic pneumonia** "
Due to **Tubercula** "
Other conditions **Heart 2, Hematuria, Nephritis** "
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
51 **4** **7** hr. min.

PHYSICIAN
Major findings:
Of operations **stated above** 123
Of autopsy **stated above**
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Joseph, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Policeman.**

11. Industry or business **Swift and Company.**

12. Name **John Dombrowski.** //

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

14. Maiden name **Martha Pyszora.** /
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Helen V. Dombrowski.**

(b) Address **815 South 21st Street.**

17. (a) **Burial** (b) Date thereof **Oct 22 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery.**

18. (a) Signature of funeral director **Herman W. Sedwafden**
(b) Address **1802 Union Street, St. Joseph, Mo.**

19. (a) **Oct. 25, 1946** (b) **[Signature]**
(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 **Mustan Khan** (M. D. or other) **MD**
Address **Highway 1, St. Joseph, Mo.** Date signed **12/1/40**

31587
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 1947

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 Chas. Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.