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

FILED 21 1946  
318

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8453

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:  
Alexian Bros. Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

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. 558 Eiler St.,  
(If rural, give location)

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

3. (a) PRINT FULL NAME Stanislaus J. Kresyman,

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th  
year 1946 hour 9:00 minute \_\_\_\_\_ A. M.

4. Sex Male, 5. Color or race White,

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

6. (b) Name of husband or wife Clara Kresyman,

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 14, 1869-1868-  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 18, 1946 to Oct 9, 1946  
that I last saw him alive on Oct 9  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>78-</u>	<u>5</u>	<u>25</u> hr. _____ min.

Immediate cause of death Coronary Occlusion Duration 36 hrs.

Due to Intestinal Obstruction 2 days

Due to Gangrene of Intestine 2 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired 6 Years.

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations gangrene of ileum due to Volvulus

Of autopsy no

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

12. Name Simon Kresyman,

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

14. Maiden name Mariana Grosc,

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence no

(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? \_\_\_\_\_

16. (a) Informant Mrs. Clara Kresyman,

(b) Address 558 Eiler St.,

17. (a) Burial, (b) Date thereof 10/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.,

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

23. Signature N. J. Brudick (M. D. or other) MD  
Address 3608 N. Grand Date signed 10-11-46

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) (Date received local registrar) OCT 11 1946 (b) Registrar's signature J. F. Brudick

COPY BY: AT MOTHER FATHER  
17 1947  
18 1947  
19 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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.**

22312BA (d)

SMITH

Registration District No. 318 Primary Registration District No. 1003

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

3. (a) PRINT FULL NAME Stanislaus J. Kesyman  
3. (b) If veteran, name war.....  
(c) Social Security No. ....

4. Sex m  
5. Color or race w  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive.....  
7. Birth date of deceased April 14 1886  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 12 If less than one day  
hr min.  
9. Birthplace Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation.....  
11. Industry or business.....  
12. Name.....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....  
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
19. (a) (Date received local registrar) (b) J. F. Broedel (Registrar's Signature)  
NOV 1946

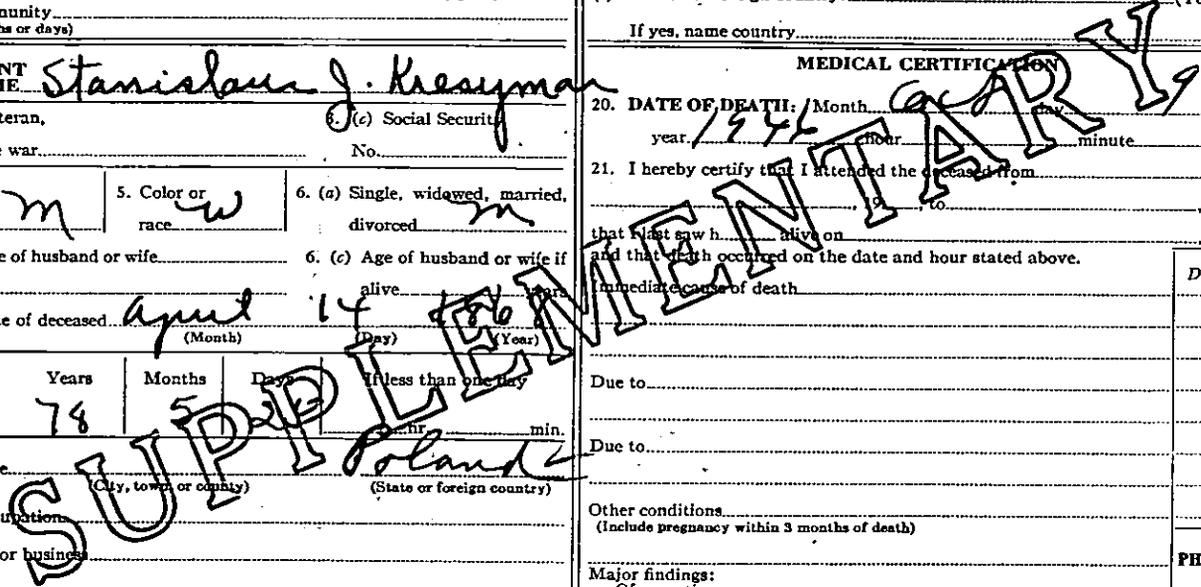
2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov Year 1946 Hour 10 minute 00 M.  
21. I hereby certify that I attended the deceased from..... to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....  
Duration  
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..... (M. D. or other)  
Address..... Date signed.....

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



MOTHER FATHER

35314

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

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8753

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of <sup>birth</sup> death  
for Stanislaus J. Kresynow, died 10-9-, 1946, in the State of  
Missouri, and which was filed at St. Louis on 10-11-, 1946, should be corrected as follows:

Item No. 7 should read April - 14 - 1869

Instead of April - 14 - 1868

Item No. 8 should read 77 yrs - 5 mos - 25 days

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

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: Vincent E. Berg <sup>Undertaker</sup>  
Relationship: Inform

2842 Miramee  
Present Address.

Subscribed and sworn to before me this 18 day of Oct., 1946

My Commission expires 3-4-49 Paul Padlock Notary Public.

35314