DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42985

FILED DEC 24 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10556

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: ENROUTE CITY HOSP. #1. FROM 3 1442 A MONROE ST. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE. (Specify whether

In this community 20 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 24 (If outside city or town limits, write "RURAL")

(d) Street No. #6 PRESIDENT ST. (If rural, give location)

(e) Citizen of foreign country? YES. (Yes or No)

If yes, name country RUSSIA POLAND.

3. (a) PRINT FULL NAME WILLIAM SMITH. (also known as Wallenty Mihalczyk)

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE.

4. Sex MALE

5. Color or race WHITE.

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased AUGUST 15TH 1874. (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 23 If less than one day — hr. — min.

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

10. Usual occupation LABORER.

11. Industry or business PUSH-CAR.

FATHER
12. Name UNKNOWN.
13. Birthplace POLAND. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace POLAND. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Moleski Mary Moleski

(b) Address 1442 A. MONROE ST.

17. (a) BURIAL (Burial, cremation, or removal). (b) Date thereof DEC. 10TH. 46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY.

18. (a) Signature of funeral director Brockland Ind Co

(b) Address 1827 HOGAN ST.

19. (a) DEC 8 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 8TH. year 1946 hour ~~8:30~~ 9 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94a

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 12.8.46

(Licensed Embalmer's Statement on Reverse Side)

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

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. Elmer H. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.