

FILED FEB 3 1947
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Primary Registration District No. 1003

Registrar's No. 600

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:
914 Russell Boulevard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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. 914 Russell Boulevard
(If rural, give location)

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

3. (a) PRINT FULL NAME PETER P. ORZEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Orzel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28-1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1947 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 1946 to Jan 17 1947
that I last saw him alive on Jan 17 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage

Due to Essential hypertension 7 yrs

Due to Renal arterio sclerosis 7 yrs

Other conditions Chronic pyelitis
(Include pregnancy within 3 months of death)

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

10. Usual occupation Teamster

11. Industry or business _____

12. Name Stanislaus Orzel

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

14. Maiden name Eve (Unknown)

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bernice Orzel
(b) Address 914 Russell Boulevard

17. (a) Burial (Burial, cremation, or removal) New SS. Peter & Paul (b) Date thereof Jan. 20-1947
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Moyhill and Co.
(b) Address 1926 Allen Avenue

19. (a) JAN 19 1947 (b) J. F. Bredes
(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) _____

(c) Means of injury _____

23. Signature J. F. Bredes (M. D. or other) M.D.
Address 2026 R 9 Date signed 1/17/47

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.....

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

Signed.....*Benj. L. Duncan*.....
Licensed Embalmer No.....**2272**.....

P. O. Address.....**1926 Allen Avenue.**.....

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.