

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14891**
Registrar's No. **4694**

FILED MAY 14 1947
318

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1416 Sullivan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Bernard J. Broniszewski.

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-8354

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Victoria Krupinska

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August 20 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>17</u>	hr. min.

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

10. Usual occupation Greasing Trucks

11. Industry or business Garage City of St. Louis

12. Name John Broniszewski

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. Victoria Broniszewski.

(b) Address 1416 Sullivan Ave.

17. (a) Burial (b) Date thereof 5-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N Kingshighway Blvd.

19. (a) MAY 9 1947 (b) J. B. Sebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

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

(d) Street No. 1416 Sullivan Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1947 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from Feb 3 1947 to May 7 1947
that I last saw him alive on 5-5-47
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion 1 hr

Due to myocardial Degeneration 4 mos

Due to Diabetes Mellitus 4 mos

Other conditions Obesity 2

Major findings: 61

Of operations: —

Of autopsy: none

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) no

(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? no

While at work? — (Specify type of place)

(e) Means of injury —

23. Signature J. B. Sebeck (M. D. or other) M.D.
Address 2508 S. Jefferson Date signed 5-9-47

(Licensed Embalmer's Statement on Reverse Side)

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 *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.