S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40323

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10726

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Faith Hospital 2800 N Taylor
(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 Mo (b) County Ace

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1448a Mullanphy Str. 4
(If rural, give location)

(e) Citizen of foreign country? 26 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Wesolowski

3. (b) If veteran, name war

3. (c) Social Security No. 498-05-3368

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 20 (Day) 1903 (Year)

8. AGE: Years 44 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name Frank Wesolowski 4
13. Birthplace Poland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Veranica Porzych 4
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant V. Wesolowski 1
(b) Address 1448a Mullamphy Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Jnd Co
(b) Address 1841 Cass ave

19. (a) NOV 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from September 20, 1947 to November 20, 1947 that I last saw him alive on November 20th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of pancreas & stomach	2 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Secondary arsenic (Hemorrhage)	
Major findings: Of operations above	
Of autopsy	

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

23. Signature A. J. Ingrosell (M. D. ~~or other~~)

Address 2801 N. Taylor ave Date signed 11/24/47.

(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 Elmo R. 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 with the above constitutes grounds for revocation of license.)

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