

FILED JAN 11 1949 **318**

Primary Registration District No. **1003**

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

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: 819 Howard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County over
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 819 Howard St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3. (a) PRINT FULL NAME FRANCISZEK DOMINCZYK

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased October 1, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Magdalene Unknown

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

16. (a) Informant Mrs. Sophie Vey

(b) Address 2324 Sullivan St.

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home While at work? _____
(b) Address 2205 St. Louis Ave. (c) Means of injury _____

19. (a) DEC 27 1948 (b) J. B. Parster
(Date received local Registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 25
year 1948 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from DEC 15 1945 to DEC 15 1948
that I last saw him alive on DEC 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC-MYOCARDIITIS

Due to EMPHYSEMA-PULMONARY

Due to ASTHMA

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____
(e) Means of injury _____

23. Signature J. J. Nawrocki (M. D. or other) M.D.
Address 11901 Madison Date signed 12-27-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Gustav W. Dutch

Licensed Embalmer No. *4329*

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.