

SOCIAL SECURITY NO.  
288-24-0958

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.

If veteran, name war

FULL NAME Ignacy Stasiak (Stachak)

Local File No. 9 -

PLACE OF DEATH Monroe  
County Monroe  
Township Bedford  
City or village Temperance  
Name of hospital Route # 1 Box 288 Crabbe Rd.  
(If not in hospital, give street address.)  
Length of stay: In hospital In this community 28 yrs

USUAL RESIDENCE OF DECEASED:  
State Michigan County Monroe  
Township Bedford  
City or village Temperance  
Street No. Route #1 Box 288 Crabbe Rd.  
Citizen of foreign country?  
If yes, name country

Sex Male Color or Race White Single, Married, Widowed or Divorced Widower

MEDICAL CERTIFICATION  
Date of death May 31, 1947

NAME OF HUSBAND or WIFE

I hereby certify that I attended the deceased from May 15, 1947 to May 31, 1947. I last saw him alive on May 30, 1947. Death is said to have occurred on the date stated above at 9:40 P.M.

Name \_\_\_\_\_ Age, if alive \_\_\_\_\_  
Birth date of deceased July 25, 1879  
Age: Years 69 Months 10 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

Immediate cause of death Lobar Pneumonia 24 hrs.

Birthplace Poland  
Usual occupation Retired

Other contributory causes of importance Carcinoma of Stomach

Industry or business \_\_\_\_\_  
Name Jacob Stasiak  
Birthplace Poland  
Maiden name Agnes  
Birthplace Poland

Major findings and dates:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Marriage name Wallace J. Stock Stasiak  
Address Temperance, Michigan

In case of violence, state if accident, homicide or suicide. Date \_\_\_\_\_, 19\_\_\_\_

Place of burial, cremation or removal (Circle the word which applies) Place Erie, Michigan  
Cemetery St. Joseph's Date June 3, 1947

Where did injury occur? \_\_\_\_\_ (Specify city, county, or state)

Funeral director's name Walter T. Hohenbalk