

Death Record for Alexander Skowronski

Son of Franciszek Skowronski & Małgorzata Podeswa

The Commonwealth of Massachusetts			
WORCESTER (County)	JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS	Worcester (City or Town making this return)	
WORCESTER (City or Town)	STANDARD CERTIFICATE OF DEATH	Registered No. 29	
No. HAHNEMANN HOSPITAL		(If death occurred in a hospital or institution, St. give its NAME instead of street and number)	
FULL NAME F. ALEXANDER SKOWRONSKI (If deceased is a married, widowed or divorced woman, give also maiden name.)		PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No	
(a) Permanent Residence. No. 101 BURBANK RD		St. SUTTON, MASS	
(City or town and State)		(City or town and State)	
Date of stay: In place of death 1 years 0 months 1 days. In place of residence 20 years 0 months 0 days.			
MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
DATE OF DEATH JANUARY 4, 1970 (Month) (Day) (Year)		8 SEX Male	9 COLOR White
I HEREBY CERTIFY, That I attended deceased from JANUARY 4, 1970 to JANUARY 19, 1970 I last saw him alive on Sept 5, 1969 , death is said to have occurred on the date stated above, at 6:35 m.		10 SINGLE (write the word) Widowed MARRIED WIDOWED DIVORCED UNKNOWN	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE Cor pulmonale		11 If married, widowed, or divorced HUSBAND of Frances Dymek (Give maiden name of wife in full)	
Cause To Pulmonary fibrosis + emphysema		(or) WIFE of _____ (Husband's name in full)	
Cause To Chronic bronchitis and pneumonia		12 AGE 82 Years 11 Months 2 Days If under 24 hours _____ Hours _____ Minutes	
OTHER SIGNIFICANT CONDITIONS Inactive tuberculosis		13 Usual Occupation Molder (Kind of work done during most of working life)	
Was autopsy performed? No		14 Industry or Business Foundry	
Was test confirmed diagnosis? Clinical		15 Social Security No. 024-01-8678 A	
Was disease or injury in any way related to occupation of deceased? No		16 BIRTHPLACE (City) Lomza, Poland (State or country)	
Signature of Physician Francis X. Dufault, M.D. (Print or Type Name)		17 NAME OF FATHER Francis Skowronski	
Address 33 Highland St Date 1/4 1970		18 BIRTHPLACE OF FATHER (City) Poland (State or country)	
Place of Burial or Cremation Notre Dame Cemetery, Worcester (City or Town)		19 MAIDEN NAME OF MOTHER Margaret Podeswa	
DATE OF BURIAL January 7, 1970		20 BIRTHPLACE OF MOTHER (City) Poland (State or country)	
NAME OF FUNERAL DIRECTOR Henry V. Karolkiewicz		21 Informant Mrs. Helen F. Danko (Daughter) (Address) 71 Esther St., Worcester, Mass.	
ADDRESS 33 Ward St., Worcester, Mass.		HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:	
Received and filed JAN 5 1970		(Signature of Agent of Board of Health or other) [Signature]	
TRUE COPY ATTEST: Robert J. O'Keefe (Registrar)		(Official Designation) Commissioner of Public Health	
		(Date of Issue of Permit) 1-5-70	

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Son of Franciszek Skowronski & Małgorzata Podeswa

Year 1970, Volume Unknown, Page 33	
The Commonwealth of Massachusetts	
JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS	
STANDARD CERTIFICATE OF DEATH	
(City or town making return)	Worcester
Registered No.	29
1 PLACE OF DEATH (County) (City or Town)	WORCESTER WORCESTER 14-61
No. (If death occurred in a hospital or institution, give its NAME instead of street and number)	No. HAHNEMANN HOSPITAL S-O St.
2 FULL NAME (First Name) (Middle Name) (Last Name) (If deceased is a married, widowed, or divorced woman, give also maiden name)	ALEXANDER F. SKOWRONSKI
PHYSICIAN – IMPORTANT	No
(Was deceased a U.S. War Veteran, if so specify WAR)	
(a) Residence, No. St. (Usual place of abode) (If nonresident, give city or town and State)	101 BURBANK RD St. SUTTON, MASS 14-50
Length of stay: In place of death	– years – months 1 days
In place of residence	20 years – months – days
MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	January 4, 1970
4 I HEREBY CERTIFY, That I attended deceased from	January, 1969 to January, 1970
I last saw him alive on	Sept 5, 1969
death is said to have occurred on the date stated above, at	6:35 m.
DEATH WAS CAUSED BY: IMMEDIATE CAUSE INTERVAL BETWEEN ONSET AND DEATH	(a) Cor pulmonale years
Due To	(b) Pulmonary fibrosis + emphysema years
Due To	(c) Chronic bronchitis and pneumonia years days
OTHER SIGNIFICANT CONDITIONS	Inactive tuberculosis
Was autopsy performed?	no
What test confirmed diagnosis?	Clinical
5 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) (Print or Type Name)	no
(Address)	Francis X. Dufault, M.D. Francis X. Dufault, M.D.
Date	328 HIGHLAND ST
6 Place of Burial or Cremation (City or Town)	1/4 1970
DATE OF BURIAL	Notre Dame Cemetery, Worcester
7 NAME OF FUNERAL DIRECTOR	January 7, 1970
ADDRESS	Henry Funeral Service by Henry V. Karolkiewicz 33 Ward St., Worcester, Mass.
Received and filed	JAN 5 1970
A TRUE COPY ATTEST: (Registrar)	[signed] Robert J. O'Keefe
PERSONAL AND STATISTICAL PARTICULARS	
8 SEX	Male
9 COLOR	White
10 SINGLE MARRIED WIDOWED DIVORCED UNKNOWN (write the word)	Widowed
11 If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	Frances Dymek
12 AGEYears.....Months.....Days If under 24 hoursHours.....Minutes	–
13 Usual Occupation: (Kind of work done during most of working life)	82 Years 11 Months 2 Days
14 Industry or Business	Molder
15 Social Security No.	Foundry
16 BIRTHPLACE (City) (State or country)	024-01-8678 A
	Lomza, Poland
PARENTS	
17 NAME OF FATHER	Francis Skowronski
18 BIRTHPLACE OF FATHER (City) (State or country)	Poland
19 MAIDEN NAME OF MOTHER	Margaret Podeswa
20 BIRTHPLACE OF MOTHER (City) (State or country)	Poland
21 Informant (Address)	Mrs. Helen F. Danko (Daughter) 71 Esther St., Worcester, Mass.
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)	Arnold Zuruntz [LP] COMMISSIONER OF PUBLIC HEALTH G.A. 1-5-70