

# Death Record for Franciszek Niedzialkowski

The Commonwealth of Massachusetts		72	
EDWARD J. CRONIN		Sterling	
SECRETARY OF THE COMMONWEALTH		(City or Town making this return)	
DIVISION OF VITAL STATISTICS		19	
STANDARD		Registered No. ....	
CERTIFICATE OF DEATH			
County <u>Worcester</u> (County)			
City or Town <u>Sterling</u> (City or Town)			
No. <u>Tuttle Road</u>		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
FULL NAME <u>Frank Niedzialkosky</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence No. <u>Tuttle Road</u> (Usual place of abode)		St. (If nonresident, give city or town and State)	
Length of stay: In place of death <u>42</u> years ..... months ..... days. In place of residence <u>42</u> years ..... months ..... days.			
MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
DATE OF DEATH <u>October 23, 1955</u> (Month) (Day) (Year)		8 SEX <u>M</u>   9 COLOR OR RACE <u>White</u>   10 SINGLE (write the word) <u>MARRIED</u> MARRIED WIDOWED or DIVORCED	
I HEREBY CERTIFY, that I attended deceased from <u>Oct. 1, 1952</u> to <u>Oct. 23, 1955</u> I saw him alive on <u>Oct. 23, 1955</u> death is said to have occurred on the date stated above, at <u>9 P.</u> m.		10a If married, widowed or divorced HUSBAND of <u>Celestia Bonislawski</u> (Give maiden name of wife in full)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic Heart Disease</u>		(or) WIFE of ..... (Husband's name in full)	
CAUSE Due To INCIDENT (b) <u>L200</u>		11 IF STILLBORN, enter that fact here.	
CAUSE Due To (c)		12 AGE <u>78</u> Years ..... Months ..... Days   If under 24 hours ..... Hours ..... Minutes	
OTHER SIGNIFICANT CONDITIONS		13 Usual Occupation: <u>Moulder</u> (Kind of work done during most of working life)	
For findings: of operations:		14 Industry or Business: <u>Steel Foundry</u>	
Date of operation: ..... Was autopsy performed?		15 Social Security No. <u>Not obtainable</u>	
What test confirmed diagnosis?		16 BIRTHPLACE (City) (State or country) <u>Poland</u>	
Was disease or injury in any way related to occupation of deceased? <u>No</u>		17 NAME OF FATHER <u>Wojciech Niedzialkosky</u>	
If so, specify (Signed) <u>Walter J. Crosby</u> M. D. Date <u>10-24-1955</u>		18 BIRTHPLACE OF FATHER (City) (State or country) <u>Poland</u>	
Address <u>St. Joseph</u> (City or Town)		19 MAIDEN NAME OF MOTHER <u>Julia Gutowska</u>	
Place of Burial or Cremation <u>Bardonia, Mass</u> (City or Town)		20 BIRTHPLACE OF MOTHER (City) (State or country) <u>Poland</u>	
DATE OF BURIAL <u>October 26, 1955</u>		21 Informant (Address) <u>Celestia Niedzialkosky, Tuttle Rd. Sterling</u>	
NAME OF FUNERAL DIRECTOR <u>John W. Bobka</u>		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:	
ADDRESS <u>149 Franklin St. Canton</u>		<u>Raymond H. Hadall</u> (Signature of Agent of Board of Health or other)	
Received and filed <u>October 24, 1955</u>		<u>John Ch...</u> (Official Designation)	
(Registrator)		<u>Oct 24 1955</u> (Date of Issue of Permit)	
TRUE COPY ATTEST:			