


The Death Record of Wiktoria Kruczynska – 1948

Wife of Bolesław Izicki

1	PLACE OF DEATH	WORCESTER (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	WORCESTER (City or town making return)
		WORCESTER (City or Town)		STANDARD CERTIFICATE OF DEATH	Registrar's Number 90015
		No. <u>29 Bellevue</u>		St. { (If death occurred in a hospital or institution give its NAME instead of street and number)	

2 FULL NAME <u>Victoria (Kruczynski) Izicki</u> (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)
(a) Residence. No. <u>29 Bellevue</u> St. _____ (Usual place of abode) (If nonresident, give city or town and State)	
Length of stay: In hospital or institution _____ years _____ months _____ days. In this community <u>40</u> years _____ months _____ days.	

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) <u>widowed</u> MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND OF _____ (Give maiden name of wife in full) (or) WIFE OF <u>Boleslaus Izicki</u> (Husband's name in full)		
6 Age of husband or wife if alive _____ years		
7 IF STILLBORN, enter that fact here.		
8 AGE <u>66</u> Years _____ Months _____ Days _____ Hours _____ Minutes		
Usual Occupation: <u>at home</u>		
Industry or Business: _____		
11 Social Security No. <u>none</u>		
12 BIRTHPLACE (City) <u>Poland</u> (State or country) <u>20-7</u>		
13 NAME OF FATHER <u>Kazimierz Kruczynski</u>		
14 BIRTHPLACE OF FATHER (City) <u>Poland</u> (State or country) <u>20-7</u>		
15 MAIDEN NAME OF MOTHER <u>Franciszka Maslowska</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Poland</u> (State or country) <u>20-7</u>		
17 Informant <u>Walter Izicki</u> (Address) <u>Worcester</u> Relation, if any <u>son</u>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>George D. Melican</u> (Signature of Agent of Board of Health or other) Dep. Comm. Aug. 26, 1948 (Official Designation) (Date of Issue of Permit)		

MEDICAL CERTIFICATE OF DEATH		
18 DATE OF DEATH <u>Aug 24, 1948</u> (Month) (Day) (Year)		
19 I HEREBY CERTIFY, That I attended deceased from <u>Aug 16</u> , 19 <u>48</u> , to <u>Aug 24</u> , 19 <u>48</u> . I last saw her alive on <u>Aug 23</u> , 19 <u>48</u> , death is said to have occurred on the date stated above, at <u>4:30a</u> M.		
Immediate cause of death <u>Chronic myocarditis</u>		Duration Important <u>years</u>
Due to _____		
Due to _____		
Other conditions (Include pregnancy within 3 months of death) _____		Important
Major findings: Of operations _____ Date of _____		Physician
Of autopsy _____		Underline the cause to which death should be charged statistically.
What test confirmed diagnosis? _____		
20 Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify: <u>Waldo Hagberg</u> (Signed) <u>Worcester</u> (Address) <u>8-25</u> (Date) <u>1948</u>		
21 <u>Notre Dame</u> , <u>Worcester</u> Place of Burial, Cremation or Removal. (City or Town)		
DATE OF BURIAL <u>Aug. 27, 1948</u>		
22 NAME OF FUNERAL DIRECTOR <u>L Karolkewicz</u> ADDRESS <u>Worcester</u> <u>Aug 27, 1948</u> Received and filed <u>Malcolm C. Midgley</u> 19____ (Registrar)		
A TRUE COPY ATTEST:		

The Death Record of Wiktoria Kruczyńska – 1948

Wife of Bolesław Izbicki

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

WORCESTER (City or town making return) 107
Registered No. 2005

1 PLACE OF DEATH WORCESTER (County) WORCESTER (City or Town) F

No. 29 Bellevue St., Ward

((If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Victoria (Kruczynski) Izbicki (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)

(a) Residence. (Usual place of abode) No. 29 Bellevue St., Ward, (If nonresident, give city or town and state)

Length of stay: (Before death) (Specify whether) In hospital or institution years months days

In this community 40 years months days

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX female	18 DATE OF DEATH Aug 24, 1948 (Month) (Day) (Year)
4 COLOR OR RACE white	19 I HEREBY CERTIFY that I attended deceased from
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed	Aug 16, 1948 to Aug 24, 1948, death is said to
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Boleslaus Izbicki (Husband's name in full)	have occurred on the date stated above, at 4:30aM.
6 Age of husband or wife if alive years	Immediate cause of death
7 IF STILLBORN, enter that fact here.	Chronic myocarditis
8 AGE 66 Years – Months – Days	93d
If less than 1 day Hours Minutes	Due to
9 Usual Occupation: at home	Due to
10 Industry or Business:	Other conditions
11 Social Security No. none	(Include pregnancy within 3 months of death)
12 BIRTHPLACE (City) (State or country) Poland 20-7	Major findings:
PARENTS	Of operations
13 NAME OF FATHER Kazimierz Kruczynski	Date of
14 BIRTHPLACE OF FATHER (City) (State or country) Poland 20-7	Of autopsy –
15 MAIDEN NAME OF MOTHER Franciszka Maslowska	What test confirmed diagnosis? –
16 BIRTHPLACE OF MOTHER (City) (State or country) Poland 20-7	Duration Important years
17 Informant Walter Izbicki (Relation, if any son)	Important Physician – Underline the cause to which death
(Address) Worcester	should be charged statistically.
I HEREBY CERTIFY that a satisfactory standard certificate of death	20 Was disease or injury in any way related to occupation of
was filed with me BEFORE the burial or transit permit was	deceased? no
issued:	If so, specify
George D Melican	(Signed) Waldo Hagberg M.D.
(Signature of Agent of Board of Health or other)	(Address) Worcester Date 8-25 1948
Dep Comm (Official Designation)	21 Place of Burial, Cremation or Removal. Notre Dame,
Aug 26, 1948 (Date of Issue of Permit)	Worcester (City or town)
	DATE OF BURIAL Aug. 27, 1948 19
	23 NAME OF UNDERTAKER L Karolkewicz
	ADDRESS Worcester
	Received and filed Aug 27, 1948 19
	[signed] Malcolm C Midgley (Registrar)
	A TRUE COPY, ATTEST: