

Sample of items that can be found in a PRCUA life insurance death claim file

This is a sample.

Each file should include policy information, death certification and similar data.

However, the particular circumstances could result in additional information such as locations of heirs and relatives, legal or business documents, guardianships, communication with family in Poland, etc.



ZJEDNOCZENIE P. R. K. W AMERYCE

POD OPIEKĄ BOSKIEGO SERCA JEZUSA

984-986 MILWAUKEE AVENUE

TELEFON BRUNWICK 2-210-1-1-12

Z BIURA SEKRETARZA GENERALNEGO

CHICAGO, ILL. June 1 1934

Nr. Tow. 160

L. Balanuch
306 Hamilton St.
Syracuse N. Y.

SZAN. SEKR.:

W załączeniu przesyłam 1 przekaz na łączną sumę \$ 750⁰⁰
jako całkowite (częściowe) pośmiertne po ś. p. Aleksa Chojnowska
członku Towarzystwa, który a mocą certyfikatu numer 104995
ubezpieczony a był a w Zjednoczeniu na \$ 750.

Przekaz ten po podpisaniu przez Prezesa i Sekretarza Towarzystwa
należy wręczyć jaknajrychlej spadkobiercy

wymienion na przek

Joseph Walczyk opiekun dla Hattie Chester
Walter Chojnowski matoletnich.
Przekaz ten proszę posłać pocztą do
Adwokata A. S. Pawlik 918-925 Onondaga
Savings Bank Bldg. - Syracuse N. Y.

Z bratnim pozdrowieniem,

Władysław Przybyliński

Sekr. Gen. Zjedn. P. R. K.

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REGISTRY NO. 26560	NAME OF DECEASED Alexandra Chopinowski	APPROVED FOR PAYMENT Secretary General [Signature]	Entered by md
POSTER NO. 686	CERTIFICATE NO. 104995	DATE PAID 5/31/34	CHECK NO. 20931
NAME OF SOCIETY St. Joseph	INSURED FOR CLASS OF INS. 750	DATE PAID 5/31/34	CHECK NO. 20931
ADDRESS OF SOCIETY Syracuse N.Y.	AGE 160	DATE PAID 5/31/34	CHECK NO. 20931
NAME OF SECRETARY A. Balant	ADDRESS OF SECRETARY 306 Hamilton St Syracuse N.Y.	DATE PAID 5/31/34	CHECK NO. 20931
DATE OF BIRTH 12 DAY	MONTH 1889	DATE PAID 5/31/34	CHECK NO. 20931
DATE OF INITIATION 20 DAY	MONTH 1914	DATE PAID 5/31/34	CHECK NO. 20931
DATE OF DEATH 25 DAY	MONTH 1934	DATE PAID 5/31/34	CHECK NO. 20931
HEALTH DEPT. REPORT Cardiac Valvular Heart Disease	HEALTH DEPT. REPORT	DATE PAID 5/31/34	CHECK NO. 20931
ATTORNEY'S OPINION 5/20/34 Eugene J. Schmitt & Joseph H. Wajsbach			
REMARKS			

BENEFICIARIES AND PAYMENTS OF DEATH CLAIMS

NAMES	Relationship	ADDRESSES	DATE PAID	CHECK NO.	AMT.	DOCUMENTS ENCLOSED
Felice Chopinowski Bro of Deceased	Wife	Died Dec. 17, 1920				INSURANCE CERTIFICATE
Hattie Chopinowski Wife of deceased	Children	348 Apple St.				SOCIETY'S DEATH NOTIFICATION
Chester Bay	Joseph H. Wajsbach as guardian		5/31/34	20931	750.00	OFFICIAL DEATH CERTIFICATE
Hattie	Bro of all children	Syracuse N.Y.				ORIGINAL APPLICATION RELEASE
						HDR of Felice Wajsbach & Joseph H. Wajsbach
						Letter of guardian

12
17
15

1. PLACE OF DEATH (District No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)
 To be filled in by the Registrar
STATE OF NEW YORK
 County Queens
 Town Flushing
 Village Flushing
 City Flushing

2. FULL NAME (No. 346)
Agnes Aleksandra Hognowski
 Residence No. 346 Apple
 (Usual place of abode)
 City Flushing
 State NY
 Registered No. 891
 Ward St. 4

3. LENGTH OF RESIDENCE IN DISTRICT (month, day and year)
30 Years 30 Months 30 Days
 (If death occurred in a foreign jurisdiction, give the NAME, STREET, CITY AND NUMBER)
Agnes Aleksandra Hognowski
 City Warsaw
 State Poland

4. PERSONAL AND STATISTICAL PARTICULARS
 7. COLOR OR RACE White
 8. SEX Female
 9. DATE OF BIRTH (month, day and year)
45 Years 11 Months 11 Days
April 24 1934

10. OCCUPATION
Housewife
 11. TRADE, PROFESSION, OR ART
None
 12. INDUSTRY OR BUSINESS IN WHICH WORK WAS ENGAGED
None
 13. DATE DECEASED (month, day and year)
April 24 1934

14. BIRTHPLACE (State or Country)
Poland
 15. NAME OF BIRTHPLACE (City or Town)
Poland
 16. MOTHER'S BIRTHPLACE (City or Town)
Poland
 17. FATHER'S BIRTHPLACE (City or Town)
Poland

18. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Signature of Registrar)
Agnes Aleksandra Hognowski
 19. PLACE OF BURIAL (Name of Cemetery)
St. Ann's Cemetery
 20. DATE OF BURIAL
April 26 1934

21. UNDERTAKER (Name)
Agnes Aleksandra Hognowski
 22. ADDRESS
346 Apple
 23. SIGNATURE OF REGISTRAR
Agnes Aleksandra Hognowski

24. MEDICAL CERTIFICATE OF DEATH (month, day and year)
April 24 1934
 25. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to April 24 1934
 I last saw her alive on April 11 1934
 To the best of my knowledge, death occurred on the date stated above, at 346 Apple
 CAUSE OF DEATH
Cardiac (Valvular) Heart
 CONTRIBUTORY CAUSES
(a) Embolism
 (b) _____
 (c) _____
 (d) _____

26. What was disease contracted?
Cardiac (Valvular) Heart
 27. Name of operation, if any
None
 28. What laboratory test applied, diagnosis?
None
 29. Was there an autopsy?
None
 (Signed) M. A. O'Brien, M.D.
April 26, 1934 (Address) 204 W. General
 *See reverse side for instructions

Burial or Transit
 THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH
 Permit issued by Agnes Aleksandra Hognowski
 Date of Issue April 26, 1934

Form 58 60. 8-11-33 (20,000 (17-973))
 N.B.—WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every fact of death in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.
 See instructions on back of certificate.

Zjednoczenie Polskie Rzymsko-Katolickie w Ameryce

984-986 MILWAUKEE AVE., CHICAGO, ILL.

POLISH B.C. U. OF AMERICA.
RECEIVED
MAY 5 - 1934



RAPORT ŚMIERCI

Do Szanownego Zarządu!

Niniejszem zawiadamiamy, iż dnia 25 miesiąca Lwielnia
roku 1934 członek (kini) Chojnowska Aleksandra
mieszkający (a) pod Nr. 346 ulica Apple miasto Syracuse
stan Ny, z Tow. Sw. Józefa Nr. 160
Siedziba Tow. miasto Syracuse Stan Ny
umarli (ła) na na serce licząc 45 lat.
Zmarły (a) był (a) przyjęty (a) do Zjednoczenia dnia 20 miesiąca Lipca
roku 1914 Certyfikat No. 104995 Po przyjęciu
liczył(a) 25 lat. Spadkobiercy uprawnieni są do pośmiertnego w sumie \$ 750⁰⁰/₁₀₀

Wiarygodność powyższego potwierdzają:



Joseph Hargmayer Prez. Tow.
Lukasz Bohan Sekr. Protokółowy

Ważne wskazówki na ostatniej stronie.

Handwritten initials or mark.

Zaświadczenie Miejscowego Ks. Proboszcza

Zwłoki zmarłego (ej) Aleksandra Chojnowska
zostały podług obrządku św. Kościoła Rzymsko-Katolickiego pochowane dnia VII
miesiąca April roku 1934, co niniejszem poświadczam.



May 2 1934
Ks. Franciszek Rucini
Proboszcz.

Spadkobiercy

(Akuratne imię i nazwisko, oraz wiek spadkobiercy lub spadkobierców i dokładny adres).

Imię i nazwisko Chojnowski Brestaw Wiek 12

Adres 346 Apple st Miasto Syracuse Stan Ny
Nr. i Ulica

Imię i nazwisko Chojnowski Władysław Wiek 13

Adres 346 Apple st Miasto Syracuse Stan Ny
Nr. i Ulica

Imię i nazwisko Chojnowska Jolita Wiek 10

Adres 346 Apple st Miasto Syracuse Stan Ny
Nr. i Ulica

Imię i nazwisko _____ Wiek _____

Adres _____ Miasto _____ Stan _____
Nr. i Ulica

Imię i nazwisko _____ Wiek _____

Adres _____ Miasto _____ Stan _____
Nr. i Ulica

Ważne wskazówki na ostatniej stronie.

Niniejszem poświadczam, że zmarły (a) członek (kini) Aleksandra
Hajnowska ma opłacone wszystkie podatki do Towarzystwa i asesmentu do
Z. P. R. K. w Ameryce.

Podpis Sekr. Fin. Lukasz Balamut
Adres: 306 Hamilton st

Certificate of Attending Physician

Świadectwo lekarza udzielającego ostatniej pomocy.

This is to certify that I have attended the last sickness of Aleksandra
Hajnowska that he (she) was affected with Valvular Heart Disease
and that he (she) was sick from the _____ day of June 1993
year _____ to the 24 day of April year 1994
Month

M. Sobrowski MD
Attending Physician.

Kindly state if attended by any other physician prior to date of your attendance
and his address _____

Ważne wskazówki na ostatniej stronie.

JARLCE LISJETH
CLARENCE J. FOERTCH
AUGUSTUS C. STEVENS
A.S. JAWLIK

LAW OFFICES
SLEETH & FOERTCH
218-222 ONONDAGA SAVINGS BANK BLDG.
SYRACUSE, NEW YORK

May 10th, 1934.

RECEIVED
MAY 11 1934
POLISH R. C. UNION OF AMERICA

Polish R. C. Union of America
984-986 Milwaukee Avenue,
Chicago, Ill.

Gentlemen: Re: Alexandria Hojnowska, Certificate
#104995.

Enclosed herewith you will find Certificate of Guardianship showing that Joseph Walozyk has been duly appointed General Guardian of the property of Chester Hojnowski, Walter Hojnowski and Hattie Hojnowska, who are the only next of kin of the above named decedent, Alexandris Hojnowska.

I understand that the proofs of death, certificates and all other documentary evidence has already been sent to you, by the Secretary of the local society. However, if anything else is necessary, please communicate with me and I will endeavor to secure the same.

Very truly yours,

ASP;KE.
enc-

Handwritten signature

STATE OF NEW YORK

Onondaga County Surrogate's Office.

ss.

I, CHARLES R. MILFORD, Jr., Clerk of the Surrogate's

Court of the County of Onondaga, New York, do hereby certify, that at Syracuse, in said County,

on the 8th day of May, 1934, Letters of Guardianship,

appointing JOSEPH WALCZYK the general

guardian of the person and property of CHESTER HOJNOWSKI, WALTER HOJNOWSKI and

HATTIE HOJNOWSKA / minor children of FELIZ HOJNOWSKI and ALEXANDRIA / deceased, were duly issued

and granted out of the Surrogate's Court of said County to said JOSEPH WALCZYK

....., who executed to said minor children

a bond, with sureties for the faithful discharge of his duties as such guardian,

which bond was duly approved by the Surrogate of said County, and filed in said Surrogate's office;

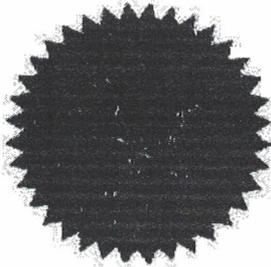
and that the said letters are still valid and in full force, so far as appears from the record of said

letters of guardianship.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of

said Surrogate's Court, at Syracuse, in said County, this

8th day of May, 1934.



Charles R. Milford
Clerk of the Surrogate's Court.

Proof of Heirship

RECEIVED
MAY 23 1934

STATE OF NEW YORK
COUNTY OF ONONDAGA } ss.
CITY OF SYRACUSE
JOSEPH WALCZYK

being first duly sworn

on oath deposes and says that he resides at Syracuse, New York, that he is the guardian of the property of the children and heirs at law of Alexandria Chojnowska, deceased.

Affiant further says, that the said Alexandria Chojnowska, children's mother, during lifetime was a member of the Polish Roman Catholic Union of America, and was insured in said Organization Society No. 160, for the sum of \$750., receiving a certificate bearing No. 104995.

And further affiant says that the said Alexandria Chojnowska, now deceased, designated Feliks Chojnowski as sole beneficiary in said certificate, and that the said Feliks Chojnowski died prior to the death of said Alexandria Chojnowska, deceased, on to-wit: about the 17 day of December, A. D. 1920, as it more fully appears from the official death certificate, which is hereto attached, and made a part hereof, and that the said Alexandria Chojnowska, now deceased failed hereafter to designate any one as beneficiary in said above described certificate, prior to her death.

Affiant further says that the said Alexandria Chojnowska, now deceased, was married but once in her lifetime and then to the said Feliks Chojnowski, deceased; that as a result of said marriage there were born unto said parties the following named children who are living, to-wit:

(GIVE NAMES OF ALL CHILDREN)

Name	Address	City	State	Age
✓ Hattie Chojnowska (also known as Hattie Hojnowska)	348 Apple Street,	Syracuse,	New York,	12 yrs.
✓ Chester Chojnowski (also known as Chester Hojnowski)	348 Apple Street,	Syracuse,	New York,	17 yrs.
✓ Walter Chojnowski (also known as Walter Hojnowski)	348 Apple Street,	Syracuse,	New York,	15 yrs.

(over)

Further affiant says that the above and foregoing children are the only children born as a result of said marriage and are heirs at law and next of kin of said Alexandria Chojnowska deceased, that the said Alexandria Chojnowska deceased, did not adopt any children during her (his) lifetime; that the purpose of this affidavit is to induce the Polish Roman Catholic Union of America, to pay to the above named children their respective shares as the only heirs at law and next of kin of the said Alexandria Chojnowska deceased.

And further affiant sayeth not.

Joseph Nalezyk (SEAL)

(SEAL)

COMMISSIONER OF DEEDS,
SUBSCRIBED AND SWORN TO, before me a ~~Notary~~

Public, this 21st day of MAY,

A. D. 1934.

Alphonse J. Cavall
Notary Public

Certificate of Death



Church of

Sacred Heart

Syracuse, N. Y.

This is to Certify

That *Felix Chojnowski*

born at *Gubernia Lomza, Poland*

on the _____ day of _____ 1_____

died at *Syracuse, N. Y.*

on the *17* day of *Dec.* 19*20*

and was buried with the rites of

The Roman Catholic Church

in *Syracuse, N. Y.* at *Sacred Heart*

Cemetery

as appears from the Death Register of this Church.

Dated *Apr. 25, 1924*

Rev. Francis J. Sullivan Pastor

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