

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33128

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **4712 Wren Ave**
 (c) City **St. Louis Mo.** (d) Street No. **1003**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Stella Pisarek
4712 Wren Ave.
 (a) Residence, No. **7** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Martin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 28 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Inf.**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

FATHER 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

17. INFORMANT (ADDRESS) **John Pisarek**
2321 Mullamphy

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **Oct - 1** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **Funeral Home Co**
1841 Cass St

20. FILED **SEP 30 1937** **J. Bredeck**
 Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/28/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from
 , 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at **1:40** A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion.

Other contributory causes of importance:

Arteriosclerosis.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Joseph M. Jansen** M.D.
 (Address) **Joseph M. Jansen**

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Albert Hoppe Jr, Licensed Embalmer No. 2971
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Albert Hoppe Jr
Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)