

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

4565  
 Do not use this space.

1. PLACE OF DEATH **REC'D MAR 14 1938**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **1210**  
 (c) City **St. Louis** (d) Street No. **Little Flower Retreat House** St. ....  
 (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 **Mrs. Ellen Czarnowski 652**  
 (a) Residence, No. **18th & Victor** St. **23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 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 **Late Theodore Czarnowski**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 12, 1855**  
 7. AGE YEARS **82** MONTHS **1** DAYS **18** If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) **Louisville** (STATE OR COUNTRY) **Ky.**

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

15. MAIDEN NAME **Ella Behan**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs. Evelyn Follen** (ADDRESS) **4556 Oakland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **National Cem.** DATE **2-2** 19**38**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FILED **FEB 1 1938** **J. F. Bredick** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **much 1st** 19**35**, to **Jan 30th** 19**38**  
 I last saw her alive on **Jan 30th**, 19**38**. Death is said to have occurred on the date stated above, at **1:25 p.m.**  
 The principal cause of death and related causes of importance were as follows:

**Diabetes Mellitus - 1935**  
**Cerebral Haemorrhage 1/28/38**  
 Other contributory causes of importance:  
**Cerebral Haemorrhage 1/28/38**

Name of operation **none** 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 **J. F. Gallagher** M. D.  
 (Signed) **Walter B. 3903 Olive** (Address)

N. B.—Every item of 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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

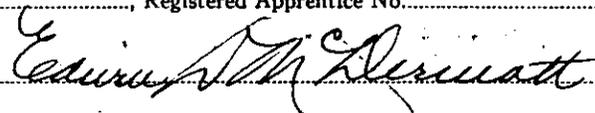
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_



\_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**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.)**