

DEC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

20525

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **5664**
 (c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Sadlowski **347**
 (a) Residence, No. 2217 Maiden Lane St. **20** (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Sadlowski		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1880		
7. AGE	YEARS 58	MONTHS -
		DAYS 6
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Housework
	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) 1931	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Poland		
FATHER	13. NAME Weicaski	11
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland	11
MOTHER	15. MAIDEN NAME Unknown	127
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland	11
17. INFORMANT C.H. Brown, M.D. 9 (ADDRESS) 5400 Arsenal St		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY. DATE JUNE 24 TH 1938		
19. FUNERAL DIRECTOR (NAME) BROCKLAND UNDCO (ADDRESS) 1827 HOGAN ST.		
20. FILED JUN 23 1938 J.F. Brueck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	6-22-38	19
22. I HEREBY CERTIFY, That I attended deceased from 2-28-1938 , 19, to 6-22-38 , 19.		
I last saw h. e. t. alive on 6-22-38 , 19. Death is said to have occurred on the date stated above, at 2:38 A.M.		
The principal cause of death and related causes of importance were as follows:		
Epilepsy	2-28-38x	Date of onset
<i>Intestinal obstruction caused by valvular cause of valvular unknown</i>		
Other contributory causes of importance: Cholecystitis with Cholithiasis 2-28-38		
Intestinal Obstruction 2-28-38		
Name of operation	Cholecystomy	Date of 4-12-38
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? If so, specify..... (Signed) C.H. Brown M. D. (Address) 5400 Arsenal		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John B. Brockland

or by _____

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

Signed _____

John B. Brockland

Licensed Embalmer No. *# 93*

P. O. Address *St. Louis Mo.*

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.)

If this body is not embalmed, above space should be left blank.