REC'D AUG 12 1938

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

3 791

Do not use this space. 23621

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6315
(c) City St. Louis, Mo. (d) Street No. St. Anns Home. 5700 Page 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 Julia Nikolewski.
(a) Residence, No. 5700 Page. St. 5
(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: Ignatz Nikolewski.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4 - 1870
7. AGE: YEARS 68 MONTHS 2 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Housewife.
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. 7

FATHER
13. NAME: Mr Barc. 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland. 7

MOTHER
15. MAIDEN NAME: Unknown. 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland.

17. INFORMANT (ADDRESS): Mrs E. Ucinska. 1530 No.15th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 7/15/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Central Und. Co. 1841 Cass Ave.
20. FILED JUL 14 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to July 6, 1938
I last saw her alive on July 6, 1938. Death is said to have occurred on the date stated above, at 6.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance: Diabetes Mellitus	several years

Name of operation no Date of
What test confirmed diagnosis? - Was there an autopsy? n

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? n
If so, specify
(Signed) Wm J. Langan Jr., M. D.
(Address) 5803 Plymouth Av.

(Licensed Embalmer's Statement on Reverse Side)

...be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

....., or by .....

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

Signed Albert H. Kapp

Licensed Embalmer No. 1861

P. O. Address 4292 E

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

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

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

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 6315

(c) City St. Louis, Mo. (d) Street No. St. Anns. Hospt. 5300 PAGE 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 Julia Nikolewska

(a) Residence, No. St. Anns. Hospt. 5300 PAGE St. 6
(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: Ignatz Nikolewski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-5-1866

7. AGE: YEARS 72 MONTHS 2 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. At home
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): Elizabeth Ucinska, 1530 No. 15th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 7/15/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Central Und. Co, 1841 Cass Ave

20. FILED 7-14-38, 19 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to July 12, 1938
I last saw her alive on July 11, 1938 Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: 2 days

59

Other contributory causes of importance: Diabetes Mellitus — 1 year

Name of operation: No 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? —
If so, specify .....
(Signed) Wm J. Langan, Jr., M. D.
(Address) 5803 Plymouth Av.

(Licensed Embalmer's Statement on Reverse Side)

...information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-23621

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, ...

....., or by .....

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

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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