

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.

REC'D NOV 16 1938

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

33859  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis, Mo. (d) Street No. 3824 Lindell Blvd. 8845 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 Wanda Ladynska.

(a) Residence, No. 3824 Lindell Blvd. St. 19 (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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1860.

7. AGE YEARS 78 MONTHS 5 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher  
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) Bydgoszcz, Poland.

FATHER 13. NAME Peter Ladynski.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

MOTHER 15. MAIDEN NAME Victara E. Stawicka.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

17. INFORMANT (ADDRESS) Miss Julia Ladynska.  
3824 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.  
3840 Lindell Blvd.

20. FILED OCT 10 1938 J. J. Brudek  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1938 19

22. I HEREBY CERTIFY That I attended deceased from Oct. 9 - 1938, to Oct 9 - 1938  
I last saw her alive on Oct - 9 - 1938. Death is said to have occurred on the date stated above, at 10:35 A.M.

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

Pneumonia  
Pulmonary Decub. of heart  
Date of onset 10/1/38

Other contributory causes of importance:

Name of operation ..... X Date of ..... X  
What test confirmed diagnosis clinical 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? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... X  
Nature of injury ..... X

24. Was disease or injury in any way related to occupation of deceased? X  
If so, specify X  
(Signed) Wm J. Brooks - 1, M. D.  
(Address) 3557 Lafayette

8881, 07.300

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**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.....

*William Matre*

Licensed Embalmer No.....

2825

P. O. Address.....

**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.**