

REC'D FEB 10 1939

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

338
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. 1421 N. 11 St. 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 Frances Slodkiewicz

(a) Residence, No. 1421 N. 11 St. St. 25 (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 John Slodkiewicz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 2 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Unknown Poland

13. NAME Ignacy Kordylaskinski

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

15. MAIDEN NAME Emilia Wizbiicka

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

17. INFORMANT John Slodkiewicz
(ADDRESS) 1421 N. 11 St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Jan. 13, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED JAN 10 1939

J. D. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 193922. I HEREBY CERTIFY That I attended deceased from Nov 11, 1938, to Jan 9, 1939

I last saw her alive on Jan 9, 1939 Death is said to have occurred on the date stated above, at 5:55 p.m.

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

Chronic Parenchymatous Nephritis
Chronic Myocarditis
Other contributory causes of importance:
Chronic Myocarditis

Date of onset

About 2 years ago

About 3 yrs.

Name of operation None Date of NoneWhat test confirmed diagnosis Urinalysis Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1939Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No.If so, specify None(Signed) A. W. O. Gescher, M. D.(Address) 329 S. Grand Ave.

Mr. J. J. Linnick
Linnick

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington*

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.