

REC'D FEB 10 1939

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

569
Do not use this space.

791
1003

Registered No. 569

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... 2 Primary Registration District No.....
(c) or City **St. Louis, Mo.** (d) Street No. **1434 Hogan 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 **542 Emilia Hmielowiec.**
1434 Hogan St.

(a) Residence, No. St. **21** (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 17 1889**

7. AGE YEARS **49** MONTHS **2** DAYS **28** 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. **House Wife.**
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 **Frank Rolecki.** 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.** 7

17. INFORMANT **Frank Hmielowiec.**
(ADDRESS) **1434 Hogan St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **1/19/39**

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

20. FILED **JAN 18 1939** **J. B. Beckler**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 15th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **January 12th 1939**, to **January 15th 1939**
I last saw h. **22** alive on **January 12th 1939** Death is said to have occurred on the date stated above, at **8:30 a.m.**

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

Myocarditis

Other contributory causes of importance:
Chronic nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? **Physical findings** Was there an autopsy?.....

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.....
(Signed) **M. A. Beckler**, M. D.
(Address) **1841 Cass Ave.**

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 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.....

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.