

APR 12 1939

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

8198
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
(b) Township St. Louis, Mo. Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. City Hospital #1 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. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Antoinette Mackiewicz

(a) Residence, No. 2312 O'Fallon 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/39 19

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1917

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 8 14

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Industrial Work
9. Industry or business in which work was done, as saw mill, bank, etc. Work
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

General Peritonitis, double subphrenic abscess in place of rupture of a Criminal Abortion performed on or about the 14th day of February by one Dr. M. M. Sutton (Date of onset)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Other contributory causes of importance: exact time and place of same could not be determined

FATHER 13. NAME Paul Mackiewicz

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

MOTHER 15. MAIDEN NAME Mary Matusewich

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

17. INFORMANT (ADDRESS) Paul Mackiewicz
2312 O'Fallon St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Peter & Paul March 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis Funeral
2205 St. Louis Ave.

20. FILED MAR 2 1939 J. P. ... Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 2/14/39
Where did injury occur? work
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see above
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Joseph W. ... M.D.
(Address) Deputy Coroner

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 comply with the above constitutes grounds for revocation of license.)

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