

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26836

Registrar's No. 1375

Registration District No. 184 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis 2
(b) City or town St. Louis, Mo. Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Aged 6825 Natural Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3329 Semple
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Julia Jankowski 522
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1939 hour 7:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from 6/5/39
19____ to 7/30/39, 19____;
that I last saw h. er alive on 7/27/39, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony Jankowski 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 3 - 8 - 1877
(Month) (Day) (Year)

Immediate cause of death See Reverse side. Duration _____

8. AGE: Years Months Days If less than one day
62 7 7 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Poland
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Rakowski
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace Poland
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
16. (a) Informant's own signature A. Jankowski
(b) Address 3329 Semple Avenue
17. (a) Burial (b) Date thereof Aug. 2, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director B. Resakowski
(b) Address 2205 St. Louis Ave.
19. (a) JUL 31 1939 (b) T. A. Meyer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7
While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature [Signature] (M. D. or other) _____
Address 3718 Jennings Road Date signed 7/31/39

JUL 31 1939

JAN 13 1942

Cause of death:

Duration

Chronic Cardio-Vascular-Renal disease.

?

Chronic Diabetes mellitus.

?

Senile dementia.

Secondary:

General anasarca.

6/5/39

Acidosis Diabetic.

6/5/39

Uremia

6/5/39

Uremic coma

9 days.

Died in the Home of Incurables, 6825 Natural Bridge Road.,
St. Louis County, Mo.

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 G. Koffe

Licensed Embalmer No. 2971

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.