

No. 2
1-10-39
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K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23847**
Registrar's No. **6292**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4yr. 9mos. 10 da.
(Specify whether
In this community 15 yrs.
years, months or days)

3. (a) PRINT FULL NAME Anna Tenoskey **520**
8. (b) If veteran, No name war _____ 3. (c) Social Security No. No.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11/15/61
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 10 If less than one day hr. _____ min _____

9. Birthplace Poland
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business _____

12. Name John Wojesky **7**
13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cadouska **11**
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address 5400 Arsenal St.

17. (a) Removal (b) Date thereof 7-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seasor, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 100 Washington Ave.

19. (a) _____ (b) J. F. Bradesk
(Date received local registrar) (Registrar's signature)

JUL 28 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo. **13**
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from 7/1/40 +
_____ 19 _____ to 7-25 1940
that I last saw h. er alive on 7/24/40 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia - 3 days

Due to Post-operative

Due to _____

Other conditions Appendicitis and Generalized Peritonitis.
(include pregnancy within 3 months of death)

Major findings: Appendiceal Abscess.
Of operations _____

Of autopsy None
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bradesk (M. D. or other) _____
Address City Sanitarium Date signed 7/25/40.

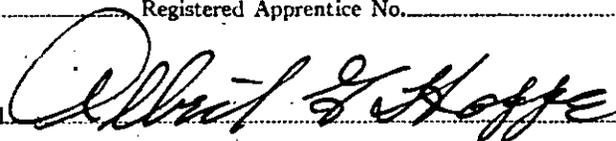
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

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.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed 

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.