

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis,**
(b) City or town **St. Louis,**
(c) Name of hospital or institution:
1859 North Market Street,
(d) Length of stay: In hospital or institution
In this community
years, months or days **6-2-5 6-3-5**

3. (a) PRINT FULL NAME **Apolonia Marcinkiewicz (Martin)**

8. (b) If veteran, name war **none** 8. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anthony Marcinkiewicz** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **January 9 1881**
(Month) (Day) (Year)

8. AGE: Years **59** Months **7** Days **1** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **John Przystup**
13. Birthplace **Poland**
14. Maiden name **Catherine Przyl**
15. Birthplace **Poland**

16. (a) Informant **Man V. Hermitz**
(b) Address **1859 North Market Street,**

17. (a) **Burial** (b) Date thereof **August 13, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **General General Hancock**
(b) Address **2233 University Street**

19. (a) **AUG 12 1940** (b) **J. J. Bredech**
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County
(c) City or town **St. Louis,**
(d) Street No. **1859 North Market Street,**
(e) If foreign born, how long in U. S. A. **40** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10**
year **1940** hour **3:** minute **55 A. M.**

21. I hereby certify that I attended the deceased from **June 5 - 1938**
to **Aug 10 1940**
that I last saw her alive on **Aug 10 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death

Ch. Myocarditis

Due to

Ch. Arteritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

Signature **Markus Gelsky md** (M. D. or other)
Address **2739 7th Ave** Date signed **8/10/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

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.