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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5094

Primary Registration District No. 1003

Registrar's No. 1342

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

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: 1406 N. 9TH STR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 YRS. (KRAISKIE)

3. (a) PRINT FULL NAME MARY KRAJEWSKI.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 490-18-8093.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK KRAJEWSKI.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased APRIL (Month) 15TH (Day) 1890. (Year)

8. AGE:

Years	Months	Days	If less than one day
50	9	23	— hr. — min.

9. Birthplace POLAND 4 (City, town, or county) (State or foreign country)

10. Usual occupation ASSORTER

11. Industry or business ST. LOUIS WASTE PAPER CO

FATHER
12. Name DONT KNOW.
13. Birthplace POLAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Stella Krusec
(b) Address 1415 Madison Ave Granite City

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 11TH/41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brookland Und. Co
(b) Address 1827 Hogan St.

19. (a) FEB 10 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS MO 1725
(If outside city or town limits, write "RURAL")

(d) Street No. 1406 N. 9TH STR. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th
year 1941 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fatty Infiltration of Myocardium Fatty Liver;

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred G. Perry (M. D. or other)
Address Deputy Coroner Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 Welford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.