

No. 2
4-13-40
5-17-39
X23159

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:
1726 N. 20 th str. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **46 years** (Specify whether
In this community **46 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Suzanna WROBLEWSKI**

3. (b) If veteran, name war ********* 3. (c) Social Security No. *********

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Peter wroblewski**
6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **August 9 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **9** Days **9** If less than one day
hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Stanley Wroblewski**
(b) Address **1726 N. 20 th. Str.**

17. (a) **Burial** (b) Date thereof **5 21 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **and St. Peter-Paul**

18. (a) Signature of funeral director **Central und. Co.**
(b) Address **1841 Cass Ave**

19. (a) **MAY 19 1941** (b) **J. B. Bredsch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**
(c) City or town **St. Louis** **2617**
(If outside city or town limits, write "RURAL")
(d) Street No. **1726 N. 20 th Str.** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **46 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**
year **1941** hour **10** minute **40** M.

21. I hereby certify that I attended the deceased from **January 15, 1941** to **May 18, 1941**
that I last saw her alive on **May 18, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **carcinoma of intestines 1 year (inoperable)**
Duration _____

Due to **Ht**

Other conditions **Cardio-Vascular Disease with hypertension**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
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 **A. Raymond** (M. D. or other) _____
Address **#390 W. Pine** Date signed **5-18-41**

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

30
17
9

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.....

Walter H. 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 with the above constitutes grounds for revocation of license.)

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