

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
2346^B Warren
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 2346^A Warren St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 32 0 years.

3. (a) PRINT FULL NAME Anna Smentkowski

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 12⁴⁰ minute 11 M.

21. I hereby certify that I attended the deceased from 5-7-1941 to 6-7-1941
that I last saw him 6 alive on 6-7-1941
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 Louis

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 28 1890
(Month) (Day) (Year)

Immediate cause of death Purpura Cerebra

Due to _____

Due to _____

Other conditions V 1/2
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

51	1	9	hr. min.
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9. Birthplace Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy 11

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

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph

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

14. Maiden name Othella

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

16. (a) Informant Veronica Smentkowska

(b) Address 2346^B Warren St.

17. (a) Burial (b) Date thereof 6/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) JUN 9 1941 (b) J. J. Brudek
(Licensed 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? _____

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

23. Signature John J. Brudek (M. D. or other) _____
Address 3579 1/2 Date signed 6-8-41

JAN 10 1950

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 J. Wm. Ambler
Licensed Embalmer No. 3653
P. O. Address St. Louis, 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, fact should be so stated above.