

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

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30174

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7513

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Shrewsbury N.R. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 7418 Devonshire  
(If rural, give location) 1  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1941 hour 5 minute 06 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME MINERVA KONIZESKI

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

4. Sex F 5. Color or race N 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov 15, 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>		hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Adela A. Hoy

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

14. Maiden name Frances Cobb

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

16. (a) Informant Robert Konizeski

(b) Address 7418 Devonshire

17. (a) Burial (b) Date thereof Sept 18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester

19. (a) SEP 16 1941 (b) J. J. Beedeck  
(Date received local registrar) (Registrar's signature)

Immediate cause of death  
Tuber. Pneumonia; Fracture of 7-8 Ribs the left side. When the car was white the wgt. Riding and Driven by Bernice Belongia and a car Driven by William Gill Collided at 14th and Market St. about 12:05 Pm Sept 9, 1941.

Major findings:  
Of operations 170  
Of autopsy 210

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) Accident  
(b) Date of occurrence Sept 9, 1941  
(c) Where did injury occur? St. Louis (City or town) (County) (State) MO  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place (Specify type of place) 000  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Alfred Perry (M. D. or other) 3  
Address 1412 1/2 Locust Date signed 9/17/41

*Handwritten notes at top left, including "1981" and "2/11".*

*Handwritten notes at top right, including "1981" and "2/11".*

*MIRERVA KONIEZKI*

*1981*

**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 *Francis A. Williamson*

*1981* Licensed Embalmer No. *3565*

P. O. Address *7401 Zephyr*

**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.**