No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33070

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 8024

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: 6021 Juniata Ave. 1
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 03 11 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6021 Juniata 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Galia (Bessie) Bowolak

3. (b) If veteran, name war ---------

3. (c) Social Security No. 497-09-5463

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased November, 21, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	10	15	..... hr. ..... min.

9. Birthplace Benld, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business Making shoes

FATHER
12. Name Andrew Bowolak
13. Birthplace Galicia 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pelagia Sosenko
15. Birthplace Galicia 8
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Bowolak
(b) Address 6021 Juniata

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Chulick Und. Co.
(b) Address 1722 S. Jefferson Ave.

19. (a) OCT 8 1941 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6 year 41 hour ..... minute 2:15 A.M.

21. I hereby certify that I attended the deceased from 9-18-41, 19..., to 10-6-41, 19...; that I last saw her alive on 10-6-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral T.B. 1 — Duration

Due to 18

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy 23

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 .....

23. Signature Geo. J. Smith M.D. (M. D. or other)

Address 4930 Lindell Blvd. St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7401 Zephyr Pl.

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.