

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8700

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: Little Sisters of the poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Little sister of the Poor
3400 S. Grand (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1941 hour 5 minutes _____ M.
21. I hereby certify that I attended the deceased from Sept 9 1941 to Oct 31 1941
that I last saw her alive on Oct 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Cardiac
degeneration
Due to Coronary heart disease
(Sclerosis)
Duration 1 yr

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. J. Proctor (M. D. or other) _____
Address Miss. Club Date signed 11/1/41

3. (a) PRINT FULL NAME Anna Barozinsky

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 7 1856
(Month) (Year)

8. AGE: Years Months Days If less than one day
85 I 24 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 4
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Barozinsky
(b) Address 244 Ave. H.

17. (a) Burial (b) Date thereof Nov. 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter, Paul

18. (a) Signature of funeral director Fendler and Co
(b) Address 7420 Michigan

19. (a) NOV 2 1941 (b) J. J. Proctor
(Date received local registry) (Registrar's signature)

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

00
17
9

Xo Buddy -
Minn Club bldg.

1 Pass

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 Ollie C Fendler

Licensed Embalmer No. 4148

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.