

Registration District No. 791

Primary Registration District No. 1005

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: 1324 N. 20th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years, months or days

3. (a) PRINT FULL NAME JULIA WISNIEWSKI

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 WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct 11 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Carol Biehl

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

14. Maiden name Julia Frank

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

16. (a) Informant Mrs. Julia Burgess
(b) Address 1449 N 16th St

17. (a) BURIAL (b) Date thereof 12-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Central Ind. Co
(b) Address 1841 Cass

19. (a) DEC 23 1941 (b) J. F. Bredek
(Date of final registration) (Registrar's signature)

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. 1324 N 20th St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 63 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, 1941
Day _____ hour 10:45 minutes _____ M.

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Dec 21, 1941.

that I last saw him alive on Dec 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to: _____

Due to: _____

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

Major findings: Of operations _____

Of autopsy _____

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) _____
(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. F. Bredek (M. D. or other) _____
Address 1841 Cass Date signed 12/24/41

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..... *Harford 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.