

U. S. No. 2
Form-1-4-41
Rev. 5-17-39
P-I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

859
State File No. 989
Registrar's No.

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3938 E Bates St
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Anna Marie Sikorski
(b) If veteran, name war
(c) Social Security No.

20. DATE OF DEATH: Month Jun day 29
year 1942 hour 7 minute 55 P. M.

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 26, 1942

21. I hereby certify that I attended the deceased from 1-26-42, 19 to 1-29-42, 19
that I last saw her alive on 1-29-42, 19
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Congenital diabetes
Duration

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

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

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Victor Sikorski
13. Birthplace St. Louis Mo
14. Maiden name Eugenie Danilowicz
15. Birthplace Richwoods Mo

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?

16. (a) Informant Victor Sikorski
(b) Address 3938 E Bates St
17. (a) Burial (b) Date thereof Jan 31, 1942
(c) Place: burial or cremation Holy S. Peter Paul

23. Signature E. H. Bowler (M. D. or other)
Address 634 M. Grand Date signed 1-31-42

18. (a) Signature of funeral director V. Danilowicz
(b) Address 5401 S Grand
19. (a) JAN 31 1942 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

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

80
5/5/52

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.....

Licensed Embalmer No.....

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.