

Registration District No. 191

Primary Registration District No. 1003

Registrar's No.

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: 1721 A N 9 STR  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38 years  
In this community 38 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARY SADOWSKA

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 alive — years  
7. Birth date of deceased 1 16 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days — If less than one day — hr. — min.

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

10. Usual occupation Housekeeper

11. Industry or business

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

16. (a) Informant Stanley Sadowska  
(b) Address 1721 A N 9 Str

17. (a) BURIAL (b) Date thereof 3 17 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Central Undertaking Co  
(b) MAR 16 1942 1841 Cass Ave

19. (a) MAR 16 1942 (b) J. F. Brudeck  
(Date of burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County —  
(c) City or town ST Louis 26 17 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1721 A N 9 STR  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1942 hour 7:15 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 16  
1941 to March 15 1942  
that I last saw her alive on March 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis 2 weeks  
Due to arterial hypertension  
R. foot 3 months

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 Albert P. Bina (M. D. or other) 0  
Address 1841 1/2 St Date signed 3/15/42

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

0  
7  
9

**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.....

*Guy W Wilkinson*

Licensed Embalmer No..... *3575*

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.**