

FILED JUL 28 1942 791

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 6073

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 19501 Dodier  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 33 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1950 Dodier  
(If rural, give location):  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country Poland

3. (a) PRINT FULL NAME SOPHIA JANKOWSKI

MEDICAL CERTIFICATION

3. (b) If veteran, name war.....  
3. (c) Social Security No. 491-14-5446

20. DATE OF DEATH: Month July, day 15, year 1942 hour..... minute..... M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife VINCENT  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased. 12 (Month) 27 (Day) 1892 (Year)

21. I hereby certify that I attended the deceased from July 8, 1942 to July 15, 1942  
that I last saw h. alive on July 15, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
49 6 18 hr. min.

Immediate cause of death Mitralatic Carcinoma  
Due to Carcinoma of stomach

9. Birthplace POLAND (City, town, or county) (State or foreign country) 4

Due to.....  
Other conditions (Include pregnancy within 3 months of death) H/E

10. Usual occupation House WIFE

Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business.....  
12. Name Jozef Szezepanski  
13. Birthplace Poland (City, town, or county) (State or foreign country)  
14. Maiden name Gutkow  
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Vincent Jankowski  
(b) Address 1950 Dodier

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?

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

White at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director J. F. Bedeck  
(b) Address 2205 St Louis Ave  
19. (a) JUL 18 1942 (Date received local registrar) (b) (Registrar's signature)

23. Signature Arthur Simpson (M. D. or other) M.D.  
Address 2202 University Date signed 7-17-42

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

MOTHER FATHER

**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.....

*W. W. Wilkins*

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.**