

FILED DEC 11 1942 318

1003

Registration District No. ....

Primary Registration District 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:  
7505 a Pennsylvania ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)  
In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 7505 a Pennsylvania ave. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Maggie Markiewics

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walenty 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: December 4 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>28</u>	hr. .... min.

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

10. Usual occupation At Home

11. Industry or business Unknown

12. Name Unknown

13. Birthplace: Poland (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace: Poland (City, town, or county) (State or foreign country)

16. (a) Informant Walenty Markiewics  
(b) Address 7505 a Pennsylvania ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation C. Hoffmeister U.S.L. Co.

18. (a) Signature of funeral director 7814 S. Broadway  
(b) Address DEC 5 1942

19. (a) (Date received local registrar) (b) (Registrar's signature) J. P. Brudek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2 year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1938 that I last saw her alive on Dec 2nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis  
Acute Bronchitis  
Due to due to Anaemia cordis  
Chronic Rheumatoid Arth.  
Other conditions: 9/3  
(Include pregnancy within 3 months of death)

Duration	<u>2 da</u>
PHYSICIAN	<u>9/3</u>
Underline the cause to which death should be charged statistically.	

Major findings: Of operations 9/3  
Of autopsy 9/3

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 9/3  
(b) Date of occurrence 9/3  
(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) (c) Mean of injury

23. Signature A. A. Mulack (M. D. or other) 0  
Address 7405 Mich. av Date signed 12/3/42

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

MOTHER FATHER

NOV 11 1951

*Dr. MacLanck  
7405 Broadway*

**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 *Linus C. Hoffmeister*  
Licensed Embalmer No. *3871*  
P. O. Address *7814 S. Broadway*

**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.