

FILED NOV 23 1942

Registration District No. 378

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
 (a) County 3822 Sullivan Co.
 (b) City or town St. Louis Mo.
 (c) Name of hospital or institution:
 3822 Sullivan Co.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 19
 (c) City or town St. Louis 10?
 (d) Street No. 3822 Sullivan Co.
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME JOSEPHINE PIGLOSKI

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

4. Sex female 5. Color of race White 6. (a) Single, widowed, married, divorced, or separated Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased May 19 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	6	1	hr. min.

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

10. Usual occupation House work

11. Industry or business.....

12. Name M. Krawiec 4

13. Birthplace Poland (City, town, or county) (State or foreign country) 4

14. Maiden name Josephine Borowicka

15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant Joseph Pigloski

(b) Address 3822 Sullivan Co.

17. (a) Burial (b) Date thereof Nov. 16-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Quinn

(b) Address 1389 Madison Blvd.

19. (a) NOV 14 1942 (b) J. T. Bredbeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 13-1942 year 1942 hour 3:40 minute 2. M.

21. I hereby certify that I attended the deceased from July 10th 1942 to November 13, 1942 that I last saw her alive on November 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of the myocardium of Pulmonary Edema

Due to chronic nephritis

Due to Hypertension

Other conditions: Emphysema

Major findings: Of operations: Of autopsy: none

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? No

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Dr. J. P. Murphy (M. D. or other) Address 2616 76th St. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

732 Tomajay

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.