

Registration District No. **318**

Primary Registration District No. **1002**

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: Deaconess Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4958 Danison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Gladys Lewandowski

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 1st
year 1943 hour 4 minute 40 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bruno 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 9-15-1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 15, 1943 to March 1, 1943
that I last saw her alive on March 1st, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 5 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial Failure Duration 1 day

9. Birthplace Litchfield, Illinois
(City, town, or county) (State or foreign country)

Due to acute Post-operative delirious Mania 2 days
Due to Erythelium Gortle 6 years

10. Usual occupation House work at home

Other conditions (Include pregnancy within 3 months of death) None

MOTHER FATHER { 12. Name Thomas Elmore
13. Birthplace Mulberry Grove Ill
(City, town, or county) (State or foreign country)
14. Maiden name Nanette Wright
15. Birthplace Mulberry Grove Ill
(City, town, or county) (State or foreign country)

Major findings: Moderately large Toxic thyroid 2/24/43
Of autopsy No autopsy

16. (a) Informant Bruno Lewandowski
(b) Address 4958 Danison

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)

17. (a) Reinterment (b) Date thereof 3-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's - Granite City

(d) Did injury occur in or about home, on farm, in industrial place, in public place? all
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Charles E. Mercer
(b) Address 1416 Midway Granite City Ill
19. (a) MAR 3 1943 (b) J. P. Broderick
(Date received local registrar) (Registrar's signature)

23. Signature Wm H. Norton (M.D. or other) M.D.
Address 634 W. Grand Blvd Date signed 3/2/43

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.....

Charles E. Mercer

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Charles Mercer

Licensed Embalmer No. *2988*

P. O. Address. *Granite City - Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.