

Registration District No. **18**

Primary Registration District No. **1003**

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

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:
2237 Howard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 yrs years, months or days

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. 2237 Howard St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country Poland

3. (a) PRINT FULL NAME HILARIJA ZAKRZEWSKA
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2-13-43
hour 9 am minute _____ M.
21. I hereby certify that I attended the deceased from JAN-1-43
_____ 19 _____ to FEB-12- 19 43
that I last saw him alive on 2-12-43 and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced, widowed Divorced Widowed
6. (b) Name of husband or wife Joseph **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased February 20, 1868
(Month) (Day) (Year)

Immediate cause of death
MURAL-STENOSIS
INTERSTITIAL-NEPHRITIS
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1/2/43

8. AGE: Years Months Days If less than one day
74 11 23 hr. min.

9. Birthplace Poland
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name John Liszkiewicz
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 Mrs. A. Krzewaska
(b) Address 1226 Mill St
17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 2/16/43
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Ave
19. (a) FEB 11 1943 **(b) J. F. Bredeck**
(Date of local registration) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 Joseph J. Nawrocki M.D. (M. D. or other)
Address 1901 Madison N **Date signed** 2-17-43

MOTHER FATHER

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

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.....

Wilford H. Burnley
Licensed Embalmer No. *4202*

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.