

FILED MAY 3 1943

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 21 Days
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 910 Benton St.
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Mary Fedyk
(b) If veteran, name war No. (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 Frank Fedyk 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 22 - 1895

8. AGE: Years Months Days If less than one day
47 - 11 - 2 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Thomas Stenech.
13. Birthplace Austria (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank Fedyk.
(b) Address 910 Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter Paul Cem.

18. (a) Signature of funeral director Hv. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) APR 26 1943 (Date received local registrar) J. F. Budeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23, year 1943 hour 7:05 minute P. M.
21. I hereby certify that I attended the deceased from April 2, 1943, to April 23, 1943, that I last saw her alive on April 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Oligemia & anemia due to circulatory collapse Duration 3 days
Edematous bleeding & albumin.
Due to Edematous bleeding & albumin.
Due to 5/2

Other conditions (include pregnancy within 3 months of death)
Major findings: Nonmalignant fibrosis of uterus
Of autopsy Refused

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

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) (c) Means of injury
23. Signature J. J. O'Neil (M. D. or other) 4/24/43
Address 1515 Lafayette Avenue Date signed

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

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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.....

John P. Buchholz

Licensed Embalmer No..... 1674

P. O. Address..... 3229 S. Main St.

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.