

FILED MAY 18 1943 18

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **4357**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days)
 In this community **35 Years**

3. (a) PRINT FULL NAME

Mary Adamek

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **John Adamek**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **8 11 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	8	26	_____ hr. _____ min.

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

10. Usual occupation **House-Wife**

11. Industry or business **At Home**

12. Name **John Rossa**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Adamek**

(b) Address **2127a, Ann Ave**

17. (a) **Burial** (b) Date thereof **5 / 11 / 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews**

18. (a) Signature of funeral director **W. McLaughlin**

(b) Address **2301, Lafayette**

19. (a) **MAY 11 1943** (b) **J. D. Prudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2127a, Ann Ave**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **7**
 year **43** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **May 4**
 1943, to **May 7** 1943;
 that I last saw her alive on **May 7** 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis and heart failure**
 Duration **(?) years**

Due to **Coronary Sclerosis and Carcinoma of Sigmoid Colon and Peritoneum**
 Duration **(?) years**

Due to _____

Other conditions **Irreversible histoglossal injury**
(Exclude pregnancy within 3 months of death)

Major findings: **Carcinoma of Colon and Peritoneal Cavity**
 Of operations **Same**
 Of autopsy **Same**

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)
 (e) Means of injury _____

23. Signature **Louis Passerin** (M. D. or other) _____
 Address **607 North Grand Blvd.** Date signed **5-8-43**

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

MOTHER FATHER

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.....

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.