

Dist. No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 4 Days
(Specify whether In this community 52 Years In St. Louis. years, months or days)

3. (a) PRINT FULL NAME Eva J. Kompienska

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Kompienska 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 29 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Joseph Jastrezbski

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

14. Maiden name Unknown

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

16. (a) Informant Charlotte Saathoff
(b) Address 5348 Gilson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Th. Robertis Son
(b) 2986 Gravois Ave.

19. (a) Jul 13 1943 (Date received) (b) J. F. Bruner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
9 12

(d) Street No. 4864 A Suburban Tracks
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12,
year 1943 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from June 8, 1943 to July 12, 1943;
that I last saw her alive on July 12, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus c metastasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Ca of uterus c metastasis to 2nd branch vessels

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 R. Upm... (M. D. or other) _____
Address Cely Hospital #1 Date signed 7-12-43

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 *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address. *2906 Harris.*

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.