

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27214

State File No.

AUG 20 1943 318

Primary Registration District No. 1002

Registrar's No.

7488

## 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 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 7 Days (Specify whether

In this community..... (Specify whether  
years, months or days)3. (a) PRINT FULL NAME..... Anna Zegarski3. (b) If veteran,  
name war.....3. (c) Social Security  
No. 488-01-04834. Sex Female 5. Color or race White 6. (a) Single, widowed, married,  
Divorced Married6. (b) Name of husband or wife..... Frank 6. (c) Age of husband or wife if  
alive..... 45 years7. Birth date of deceased..... May 25 1898  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
42 45 2 24 hr. min.9. Birthplace..... St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation..... Inspector  
11. Industry or business..... Shoe Factory  
Frank Podwojski12. Name.....  
13. Birthplace..... Poland 4  
(City, town, or county) (State or foreign country)14. Maiden name..... Victoria Piglowski  
15. Birthplace..... Nashville Illinois /  
(City, town, or county) (State or foreign country)16. (a) Informant..... Frank Zegarski  
(b) Address..... 5601 Neosho ST.17. (a) Burial (b) Date thereof..... August 23  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Calvary Cemetery18. (a) Signature of funeral director..... John H. Wilken Sons  
(b) Address..... 2630 Gravois Ave.19. (a) AUG 20 1943 (b) J. H. Bredich  
(Date received local registrar) (Registrar's signature)

## 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. 5601 Neosho ST. (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country..... 1

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year..... 1943 hour 12:00 minute..... Noon M.21. I hereby certify that I attended the deceased from August  
13, 19 43 to August 19, 19 43that I last saw h. or alive on..... August 19, 19 43  
and that death occurred on the date and hour stated above.Immediate cause of death..... Subarachnoid Hemorrhage DurationDue to..... Hypertensive Cardio-vascular Disease

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)..... 92Major findings:  
Of operations.....Of autopsy..... Name

## 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)..... No  
 (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) (a) Means of injury.....

23. Signature..... William J. Dalk (M. D. or other) 8/19/43  
Address..... 1515 Lafayette Avenue. Date signed.....

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

NOV 17 1948

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 Robert F. Gebbar  
Licensed Embalmer No. 45144  
P. O. Address 2630 Grosvenor

**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.**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri  
County of City of St. Louis ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 74-88

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of Sept, 1943, before me appears \_\_\_\_\_

Frank Zegarski, who, upon his oath, states that the original record of ~~birth~~ death  
for Anna Zegarski died born August 19, 1943 in the State of  
Missouri, and which was filed at St. Louis, on August 20 1943, should be corrected as follows:

Item No. 7 should read May - 25 - 1898

Instead of May - 25 - 1901

Item No. 8 should read 45 yrs - 2 mos - 24 days

Instead of 42 yrs - 2 Months - 24 days

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Frank Zegarski Relationship Husband  
5601 Meoshel Present Address.

Subscribed and sworn to before me this 4th day of September, 1943

My Commission expires Oct 8 1945 George Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

27214