

FILED SEP 21 1943

Registration District No. _____ 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
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wash

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

(d) Street No. 307 Sidney St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edna Murawski

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

4. Sex F **5. Color or race** W

6. (a) Single, widowed, married, Married
divorced

6. (b) Name of husband or wife Joseph Murawski

6. (c) Age of husband or wife if 43 years
alive

7. Birth date of deceased 12 20 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name Henry Elliott

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Pepperkorn

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

16. (a) Informant Harry Elliott

(b) Address 1722 A Nebraska

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 9 / 14 / 43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 2301 Lafayette

19. (a) SEP 13 1943 (Date received local registrar) **(b)** [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 43 hour 8:00 minute am

21. I hereby certify that I attended the deceased from Sept 9 1943
1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Duration cannot say

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) **Date signed** 9/13/43

Address 705 - Olive St.

[Handwritten scribbles and initials]

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. Coase*
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.