S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40164

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11274

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: 5702 Saloma ave 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St Louis 97
(If outside city or town limits, write "RURAL")

(d) Street No. 5702 Saloma
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ROSIE, LEWANDOWSKI

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FENALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife ANTHONY LEWANDOWSKI 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased SEPT (Month) 20 (Day) 1864 (Year)

8. AGE: Years 79 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation HOUSE KEEPE

11. Industry or business

FATHER
12. Name Franciszek Krofczinska
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unkne
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. Ant. Lewandowski
(b) Address 5702 Saloma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Mdse
(b) Address 1841 Cass ave

19. (a) DEC 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-16-43 day year hour 4.45 am minute M.

21. I hereby certify that I attended the deceased from Feb 1940, 19 , to Dec 13th 1943 that I last saw her alive on Dec 13th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Jos E J Nawrocki (M.D. or other)

Address 1901 Madison St Date signed 12-16-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575

P. O. Address.....

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.