

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16511

FILED MAY 20 1944

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4255**

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:
821 HOWARD STR 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:
(a) State Mo (b) County 000
(c) City or town St Louis 126
(If outside city or town limits, write "RURAL")
(d) Street No. 821 Howard str
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME MARY KUKAWSKI
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1944 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mar 21
1944 to May 9 1944
that I last saw h. or alive on April 20 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife MARTIN
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased MARCH 25 1878
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of head of pancreas
Duration 1 yr

8. AGE: Years 60 Months 1 Days 14
If less than one day hr. _____ min. _____

Due to _____
Due to Hyp
Other conditions (include pregnancy within 3 months of death)
Jaundice - anemia

9. Birthplace POLAND (City, town, or county) (State or foreign country) 4
10. Usual occupation HOUSE WIFE

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name HALIMAN KOT
13. Birthplace POLAND (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant JOHN KUKAWSKI
(b) Address 1841 CASS AVE

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? _____

17. (a) BURIAL (b) Date thereof 5-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Central Burial Co
(b) Address 1841 Cass Ave
19. (a) MAY 11 1944 (b) J. F. Brudeck
(Date received by registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature J. W. Stuever (M. D. or other) _____
Address 901 Blummont Bldg Date signed 5-10-44

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

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

J. W. Wilkins

Licensed Embalmer No.....

357

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.