

FILED AUG 14 1944

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks
(Specify whether
In this community life
years, months or days)

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") 91
(d) Street No. 7124 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Irene Glowczewski

3. (b) If veteran, name war..... 3. (c) Social Security No. 498-07-7647

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marvin Glowczewski 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Nov. 17, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 9 3 ..hr.min.

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

10. Usual occupation Labeler

11. Industry or business Conrad Liquor Co.

MOTHER FATHER { 12. Name John Sadowski
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Marvin Glowczewski

(b) Address 7124 Pennsylvania

17. (a) Burial (b) Date thereof Aug. 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) AUG 7 1944 (Date received local registrar) J. F. Bradek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th
year 1944 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 13
1944 to Aug 4th 1944
that I last saw her alive on Aug 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebellum - (Brain tumor) Duration
Internal Hydrocephalus

Due to.....
Due to..... 56
Other conditions (Include pregnancy within 3 months of death)

Major findings: Ventriculogram PHYSICIAN
Of operations As above
Of autopsy As above
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) (c) Means of injury.....
23. Signature J. A. O'Sullivan (M. D. or other)
Address 421 N. Schermer Date signed 8-5-44

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

John H. Hetter

Licensed Embalmer No. 3880

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.