

S. No. 2
M-8-43
Y-5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32104

State File No.

FILED NOV 1 1944 8

Primary Registration District No. 1003

Registrar's No. 8897

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1320 N. 20th Str.
(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
17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
9 21
 (d) Street No. 1320 N. 20th Str.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA BUDZINSKI

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Felicyan Budzinski 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: April 24 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>65</u>	<u>5</u>	<u>23</u>		hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lawrence Narowski

13. Birthplace Poland (City, town, or county) (State or foreign country) 4

14. Maiden name Catherin Narowski (City, town, or county) (State or foreign country) 4

15. Birthplace Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant Felicyan Budzinski
 (b) Address 1320 N. 20th Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und Co.
 (b) Address 1841 Cass

19. (a) OCT 20 1944 (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 44 hour 8 minute _____ P.M.
 21. I hereby certify that I attended the deceased from 10-15-43 to 10-17-44, 19____; that I last saw her alive on 10-16-44, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Rt cerebral hemorrhage
left hemiplegia
 Duration 10 min

Due to: General arteriosclerosis

Other conditions: Diabetes mellitus
(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 Wayne D Gorta (M. D. or other) Wayne D Gorta
 Address 2739 No. Stone Date signed 10/19/44

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 Isj W Wilkinson
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.