

FILED DEC 9 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 13192

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:
4112 Michigan Ave
(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 Missouri (b) County St. Louis

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

(d) Street No. 4112 Michigan Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Bernice Polenska

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased May 18th 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month 28th day November
year 1944 hour 5:00 minute P. M.

24. I hereby certify that I attended the deceased from NOV. 4 - 1944 to NOV. 28 - 1944
that I last saw her alive on NOV. 25 - 1944
and that death occurred on the date and hour stated above.

8. AGE: 68 Years 72 Months 6 Days 10
If less than one day hr. min.

Immediate cause of death
Chronic Myocarditis

Duration 3 yrs

Due to.....

Due to.....

Other conditions (Includes pregnancy within 3 months of death).....

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

10. Usual occupation At Home

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Unk Zalenski

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

14. Maiden name Unknown

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

16. (a) Informant Sylvia Coleman

(b) Address 4112 Michigan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1944
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

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 Roman J. Budek (M. D. or other) M.D.
Address 4500 Virginia Date signed 11-29-44

18. (a) Signature of funeral director Ziegenhain Bros

(b) Address 6409 Gravois Ave

19. (a) NOV 20 1944 (Date received local registrar) J. J. Budek (Registrar's signature)

2700-83
since 1900
over 100 years old

No. 1000
4500 - Virginia
No. - 35710
to 4
to 8

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..... *Homer W. Ditz*
Licensed Embalmer No. *3882*

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.