S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4275

#36747 FILED MAR 3 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1540

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: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 1526 a N. 10 th str. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Golmbiewski

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 Unknown

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 28 (Day) 1901 (Year)

8. AGE: Years 43 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Packer

11. Industry or business Suppiger G. S. 1530 Hadley

FATHER 12. Name Adam Zumbrzuski

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

MOTHER 14. Maiden name Mary Mazurek

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

16. (a) Informant Sigmond Zumbrzuski

(b) Address 1450 a N market Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1841 Cass ave

19. (a) FEB 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1945 hour 1:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from February 11, 1945, to February 13, 1945; that I last saw her alive on February 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James F. Hart (M. D. or other)

Address 1515 Lafayette Date signed

(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 John Ogonoski

Licensed Embalmer No. 2398

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.