

FILED MAR 23 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2255**

1. PLACE OF DEATH: *5522 Hebert St.*

(a) County *St. Louis*

(b) City or town *St. Louis*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *5522 Hebert*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community *60*  
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. *5522 Hebert St*  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Stella Biernacki*

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day *3/7/45*  
year \_\_\_\_\_ hour *7* minute *25 PM*

21. I hereby certify that I attended the deceased from *6-19-44* to *3/7/45*  
that I last saw him *or* alive on *3/7* 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 *Joseph Biernacki*

6. (c) Age of husband or wife if alive *72* years

7. Birth date of deceased *Dec. 17 1874*  
(Month) (Day) (Year)

Immediate cause of death: *Chr. Myocardia*

Duration *about 6 yrs*

8. AGE:	Years	Months	Days	If less than one day
	<i>70</i>	<i>2</i>	<i>20</i>	hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation *Housewife*

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name *Thomas Kuzma*

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

14. Maiden name *Maria Anna Sapezak*

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant *Joseph Biernacki*

(b) Address *5522 Hebert St.*

17. (a) *Burial* (b) Date thereof *3 12 45*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Calvary*

18. (a) Signature of funeral director *St. Louis Funeral Home*

(b) Address *2245 St. Louis Ave*

19. (a) *MAR 10 1945* (Date received local registrar)

*J. J. Breeseh* (Registrar's signature)

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 *Sam Eubank* (M. D. or other) *DD*

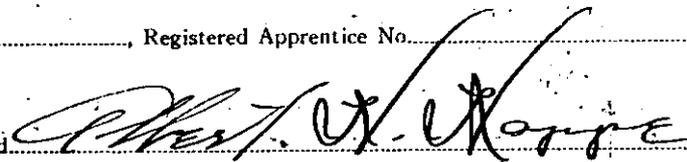
Address *(324) Broadway* Date signed *3/9/45*

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.....



Licensed Embalmer No..... 1861

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.**