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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26146

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7456

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:
8622 Oxford Lane /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ 78 Yrs. _____ (Specify whether
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")

(d) Street No. 8622 Oxford Lane
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pelagia Smentkowski

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Casimir Smentkowski 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 8, 1865.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1945 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 7/9/45
to 8/25, 1945,
that I last saw her alive on 8/25, 1945,
and that death occurred on the date and hour stated above.
Immediate cause of death Alv. Myocarditis

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>17</u>	hr. _____ min.

Duration 10 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Poland

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

16. (a) Informant Mrs. Millie Zebura
(b) Address 8622 Oxford Lane

17. (a) Burial (b) Date thereof Aug. 29, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 28 1945 (b) Jo F. Meehan
(Date received local registrar) (Registrar's signature)

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 Print [Signature] (of, by, or other) _____
Address 329 Riverside Date signed 8/27/45

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Rex Campbell*.....
Licensed Embalmer No. *3881*.....
P. O. Address. *St. Louis, Mo.*.....

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.