

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28878**  
Registrar's No. **8158**

**FILED** SEP 28 1945  
Registration District No. **318**

Primary Registration District No. **1003**

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17  
9  
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:  
2614 ST. LOUIS AVE (REAR) 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 39 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County 000  
(c) City or town ST. LOUIS 1770  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2614 ST. LOUIS AVE (REAR)  
(If rural, give location) 9  
(e) Citizen of foreign country? YES (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CATHRINE BRONISZEWSKI  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. 207-16-6064

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9/17/45 day \_\_\_\_\_  
year \_\_\_\_\_ hour 4:09 minute 59 M.  
21. I hereby certify that I attended the deceased from 12/12/44 19 \_\_\_\_\_ to 9/17/45 19 \_\_\_\_\_  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife KOJSTANSTY  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased NOV. 1 1878  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Diabetes Mellitus  
Due to Coronary Sclerosis  
Arterio Sclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) VI

8. AGE: Years Months Days If less than one day  
66 10 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace \_\_\_\_\_  
(City, town, or county) POLAND 1  
(State or foreign country)

10. Usual occupation HOUSEWIFE  
11. Industry or business \_\_\_\_\_  
12. Name VALENTY GRACZYK  
13. Birthplace POLAND 6  
(City, town, or county) (State or foreign country)  
14. Maiden name ROZALIA GRACZYK  
15. Birthplace POLAND 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Konstanty Broniszewski  
(b) Address 2614 St. Louis Ave  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-20-45  
(Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY

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? \_\_\_\_\_

18. (a) Signature of funeral director ST. LOUIS FUNERAL HOME  
(b) Address 2205 St. Louis Ave  
19. (a) SEP 19 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Dr. J. Nawrocki (M.D. or other) \_\_\_\_\_  
Address 11900 Madison St Date signed 9-18-45

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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 John Ogrodnicki  
.....  
Licensed Embalmer No. 3398

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.**