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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN. 7 1947
Registration District No. 367

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41935
Registrar's No. 3628

Primary Registration District No. 3070

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
119 Selma 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 Three years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 119 Selma Ave. (If rural, give location) 0
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country Has first papers only

3. (a) PRINT FULL NAME Helen P.N. Piotrowsky
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 29 day 29 1946
year 1946 hour 10 minute 45 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Michael F. Piotrowsky 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Feb. 26 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from From 1938 1938 to Dec 29 1946
that I last saw him alive on Dec 29, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 10 Days 2 If less than one day
hr. _____ min. _____

Immediate cause of death Diabetes mellitus, coma
Ch Diabetes mellitus
myocardial infarction
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St. Petersburg Russia 1
(City, town, or county) (State or foreign country)
10. Usual occupation Piano and Voice instructor

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

11. Industry or business _____
12. Name Paul Newrock
13. Birthplace unknown England 4
(City, town, or county) (State or foreign country)
14. Maiden name Emma Von Brueckner
15. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Akimoff
(b) Address 119 Selma Ave., Webster Groves, Mo.
17. (a) Burial (b) Date thereof Jan. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

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 Webster General Home
(b) Address Webster Groves, Mo.
19. (a) 1-2-47 (b) Ruth Green
(Date received local registrar) (Registrar's signature) 3/29

23. Signature M. Feldaxe M.D. (M. D. or other) 12-31-46
Address 6203 Watson Bridge Date signed _____

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..... *Van M. Sizemore*

Licensed Embalmer No. *4343*

P. O. Address..... *7415 Zephyr Pl
Maplewood, 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.