

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

15227
State File No. A289
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County ~~Lain~~ Blair Ave.
(b) City or town St. Louis Mo.
(c) Name of hospital or town 1518 Blair 1
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME Antoinette Jakubowicz
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 M
6. (b) Name of husband or wife John Jakubowicz
6. (c) Age of husband or wife if alive years 1894
7. Birth date of deceased Nov 1 1894 (Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Poland (City, town, or country) (State or foreign country)
10. Usual occupation H.W. - Housewife

11. Industry or business
12. Name Valenty Krystkiewicz 4
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Catherine Krskawicz 4
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant John Jakubowicz
(b) Address 1518 Blair ave
17. (a) Burial (b) Date thereof 4/29/47
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co
(b) Address 1841 Cass ave
19. (a) APR 27 1947 (b) J. L. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County and
(c) City or town St. Louis 26 17
(d) Street No. 1518 Blair Ave. 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25 year 1947 hour 4:10 minute 10 M.
21. I hereby certify that I attended the deceased from 1947 to April 25 1947
that I last saw her alive on April 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
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) no
(b) Date of occurrence
(c) Where did injury occur?
(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 J. L. Bredek (M. D. or other)
Address 2007 N. Grand Date signed 4/29

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 *Henry M. Brammer*.....

Licensed Embalmer No. *4200*.....

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.