V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22490

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5953

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 1600a Knapp Str
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 Knapp Str 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Adela Meczkowski
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 Frank Meczkowski
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Feb (Month) 2 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 16 If less than one day hr. min

9. Birthplace Poland (City, town, or county) U (State or foreign country)
10. Usual occupation H. W.
11. Industry or business

FATHER
12. Name Anthony Niebrzydowski
13. Birthplace Poland (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Poland (City, town, or county) U (State or foreign country)

16. (a) Informant Miss Helen Meczkowski
(b) Address 1600a Knapp Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass ave
19. (a) JUN 19 1947 (Date received local registrar) (b) J. F. Bresick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 13, 1947 to June 18, 1947 that I last saw her alive on June 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infarct left ventricle	2 days
Due to Hypertensive Cardiovascular Heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature S. J. Czapciak (M. D. or other)
Address 1901 Madison Date signed 6-18-47
Stephen J Czapciak

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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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 S. Dennehy

Licensed Embalmer No. 4194

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.