6. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947
#66856

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22537

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6282

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 209 Carroll Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH NOWAK

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 married

6. (b) Name of husband or wife Stanley

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 8th, 1887 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	11	22	hr. min.

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

10. Usual occupation home

11. Industry or business

FATHER
12. Name Coleman
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Stanley Nowak
(b) Address 209 Carroll, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 3, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wacker-Kellerle U.&L.Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUL 1 (Date received local registrar) (b) J. J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1947 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased ~~June~~ 6/27/47, 19..., to June 30th, 1947 that I last saw him alive on June 30th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Laennec's Cirrhosis	2 yrs
Due to	
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

23. Signature George J. Smith M.D.
Address 1515 Lafayette Date signed 6/30/47

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

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 Frank J. Byland

Licensed Embalmer No. 2676

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.