S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22803

FILED JUL 12 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6437

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 De Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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. 3333 Aubert (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frances Zawadzki
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Frank Zawadski
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 3 (Day) 1873 (Year)

8. AGE: Years 73 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Warsaw (City, town, or county) Poland (State or foreign country)
10. Usual occupation at home
11. Industry or business none
MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Poland (State or foreign country)
14. Maiden name unknown
15. Birthplace Poland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. E. Garrison
(b) Address 275 N. Union Blv'd
17. (a) butial (Burial, cremation, or removal) (b) Date thereof July 8 47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery
18. (a) Signature of funeral director L. Lion & U. Co.
(b) Address 2707 N. Grand Blv'd
19. (a) JUL 7 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1947 hour 3 minute p M.

21. I hereby certify that I attended the deceased from June 11 1947 to July 5 1947 that I last saw h. alive on July 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration Immed
Due to
Due to
Other conditions Intestinal Obstruction (Include pregnancy within 3 months of death) Congestive Cardiac Failure
Major findings: Of operations Adhesions caused Intestinal Obstruction
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 L. D. Cassidy (M. D. or other) M.D.
Address 4952 Maryland Date signed 7-7-47

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

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

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.