. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25687

FILED AUG 4 1947

Registration District No. 73432 1948

Primary Registration District No. 1003

Registrar's No. 6796

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(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
In this community 40 years
years, months or days)

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. 6102 Minnesota
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNIE JESIONOWSKI

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 Tony Jesionowski

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 1 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Tony Jesionowski
(b) Address 6102 Minnesota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director B. Kosakowski
(b) Address 2205 St. Louis Ave

19. (a) JUL 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1947 hour 4:10 minute A M.

21. I hereby certify that I attended the deceased from 7/16/47
19 , to July 18th, 1947
that I last saw her alive on July 18th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock —

Due to Strangulated inguinal hernia, rt.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 C. K. Park (M. D. or other)

Address 1515 Lafayette Date signed 7/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Ch-4467

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.