V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26222

State File No.

FILED JUL 21 1947 #73067

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6563

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

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 0
(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 Missouri (b) County 620
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4421 Oakland 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME PAULINE WISNIEWSKI
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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 4, 1874 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)
10. Usual occupation Tobacco worker
11. Industry or business Retired
FATHER
12. Name Thomas Wisniewski
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Kalinowski
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)
16. (a) Informant Joseph Wisniewski
(b) Address 4421 Oakland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester Ave.
19. (a) JUL 12 1947 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1947 hour 9:40 minute P M.
21. I hereby certify that I attended the deceased from 7/7/47 19 , to July 10th 1947; that I last saw her alive on July 10th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease
Due to 2 heart failure
Due to months
Other conditions (Include pregnancy within 3 months of death) 9 30
Major findings: Of operations
Of autopsy Not done

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) No
(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? No (Specify type of place)
While at work? (e) Means of injury
23. Signature Robert L. Gilbert (M.D. or other) MD
Address 1510 Lafayette Date signed 7/11/47

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 Florence Eynck (L. E.)

Licensed Embalmer No. 1284

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.