No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28929

Registrar's No. 8305

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: 1914 a N. Market
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1914a North Market St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Cecelia Childers

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife thomas Childers

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept (Month) 24 (Day) 1902 (Year)

8. AGE: Years 44 Months 11 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name John Broniszewski
13. Birthplace (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name Amelia Zielinski
15. Birthplace (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Thomas Childers
(b) Address 1914a North Market St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 2 (Day) 1947 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway

19. (a) SEP 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 9-7-44 , 19 , to , 19 ; that I last saw her alive on 5-3-45 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Infarct. Coronary Occlusion	5 min
Due to Thr. Coronary disease	
Due to Hypertension & Sclerosis arteriosis	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
Of autopsy

PHYSICIAN
Underline the cause to 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 Walter H. Hoefer M.D. (M. D. or other)

Address 3108 S. Grand Date signed 8-30-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hooper 3108 S. Grand.

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 Albert May Field

Licensed Embalmer No. 3077

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.