

No. 2-17-35

32673

National Office of Vital Statistics
FILED SEP 28 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8372**

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:
1757a S. 18th. St.
(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..... **500**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1757a S. 18th. St.** **9**
23 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **PARASKEWA KIEREJTO**

3. (b) If veteran, name war..... 3. (c) Social Security No. **497-15-8278**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Stefan Kierejto** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **October, 28, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 1 hr. min.

9. Birthplace **Tihale, Galicia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....
12. Name **Elias Statutich**
13. Birthplace **Galicia**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Galicia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Stefan Kierejto**
(b) Address **1757a S. 18th. St.**

17. (a) **Burial** (b) Date thereof **9/2/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **CHULICK UND. CO.**
(b) Address **1722 S. Jefferson Ave.**

19. (a) **SEP 3 1947** (b) **J. F. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29**
year **1947** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Aug 28**, 19**47** to **Aug 29**, 19**47**,
that I last saw her alive on **Aug 29**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **massive hemorrhage (cerebral) - probably into the pons.**
Due to **Hypertension**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

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)
INC while at work?..... (e) Means of injury **SA**

23. Signature **J. J. Trifiletti M.D.**
Address **1800 S. Lafayette** Date signed **8/29/47**

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

MOTHER FATHER

2288

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..... *Clay A. Church Jr.*
Licensed Embalmer No..... *4143*
P. O. Address..... *1722 S. Jaffee*

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.