. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35885

FILED NOV 3 1947 318 1003

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 9625

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

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: 2223 Dodier 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 35 Years
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. 2223 Dodier St. 9
20 (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Helen Ignatowski

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 John 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 24 (Day) 1896 (Year)

8. AGE: Years 51 Months 3 Days 20 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 Franciszek Olenski
13. Birthplace ..... (City, town, or county) Poland (State or foreign country) 4

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

16. (a) Informant John Ignatowski
(b) Address 2223 Dodier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Ave.

19. (a) OCT 17 1947 (Date received local registrar) (b) J. F. Brasick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1947 hour 6 minute 30 PM.

21. I hereby certify that I attended the deceased from March 18, 1947 to Oct 14, 1947
that I last saw her alive on Oct 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lung hemorrhage

Due to Carcinoma Lungs

Due to .....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 Nathan Belsky MD (M. D. or other)

Address 2739 N Grand Ave Date signed 10/16/47

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.....Henry M Bramma.....

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.