

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6020

State File No. \_\_\_\_\_

2305

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St Louis Mo  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5510 Neosha  
(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

3. (a) PRINT FULL NAME Rozalie Banach

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 Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec 25 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

14. Maiden name Unknown \_\_\_\_\_

15. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

16. (a) Informant Anthony Banach

(b) Address Burial 3261 N 19th St

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 3/9/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und Co.

(b) Address 1842 Cass Ave

19. (a) MAR 8 1948 (b) J. J. Bredeck  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5510 Neosha 9  
(If rural, give location) 0  
(e) Citizen of foreign country? 14 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4  
year 48 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from Dec 15  
1947 to March 5 1948  
that I last saw h e alive on March 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to 92

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. J. Bredeck (M. D. or other) \_\_\_\_\_

Address 2800 N. 19th Date signed 3/9/48

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

MOTHER FATHER

**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 *John S. Pennehy*  
Licensed Embalmer No. *4194*

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.**