No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14038

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4220

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 week
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. 1451 Monroe 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRANCZISZKA DYLEWSKI
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife STANLEY DyLEWSKI
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. (Month) 29 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	5	hr. min.

9. Birthplace (City, town, or county) POLAND 4 (State or foreign country)
10. Usual occupation House work
11. Industry or business —
FATHER
12. Name Anthony Wismerwski
13. Birthplace (City, town, or county) POLAND 4 (State or foreign country)
MOTHER
14. Maiden name Mary CIESIELSKI
15. Birthplace (City, town, or county) POLAND 4 (State or foreign country)
16. (a) Informant Stanley Dylewski
(b) Address 1451 Monroe St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY Cemetery
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis Ave
19. (a) MAY 5 1948 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-9-45 1 19 to 8-4 1948
that I last saw her alive on 5-3 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial infarct	10 days
Due to: Arteriosclerotic cardio vascular renal ies	unk
Due to:	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	unk

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury
23. Signature Wayne O Gale (M. D. or other)
Address 2739 No Grand Date signed 5-4-48

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.