FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18074

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4624

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1838 Cass ave (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 Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1838 Cass ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Gacioch Szylanska
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Stanislaus Gacioch
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Aug ~~July~~ 3 ~~28~~ 1895 ~~1891~~ (Month) (Day) (Year)
8. AGE: Years 52 ~~56~~ Months 10 ~~9~~ Days 3 ~~20~~ If less than one day hr. min.
9. Birthplace Poland (City, town, or county) (State or foreign country)
10. Usual occupation Hous wife
11. Industry or business
12. Name Stanislaus Mrozek
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Catherine
15. Birthplace Poland (City, town, or county) (State or foreign country)
16. Informant Stanley Gacioch
17. Address 1838 Cass ave
18. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
19. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass ave
(a) MAY 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 10:25 minute a. M.
21. I hereby certify that I attended the deceased from April 20, 1945 to May 16, 1948 that I last saw her alive on May 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 hrs
Due to: Hypertensive Cardiac Disease	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Arthur Simon (M. D. or other) M.D.
Address 2202 University St. Date signed 5/17/48

(Licensed Embalmer's Statement on Reverse Side)

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

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 G W Wilkinson

Licensed Embalmer No. 3575

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 12 c 74

Local Registrar's No. 4624

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
..... who, upon ..... oath, states that the original record of birth/death for Anna Gacioch (Szylansxi) died/born 5-16-48, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. ~~8~~ 7 should read Aug. 3 - 1895
Instead of July 26 - 1891
Item No. 8 should read 52 - 10 - 13
Instead of 56 - 9 - 20.
Item No. ..... should read .....
Instead of .....
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Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Stanley J. Gacioch Inf.
Relationship.

1838 Case
Present Address.

Subscribed and sworn to before me this 11 day of June, 1948

My Commission expires 3-4-49.

Ella C. Poddosz
Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667

5-18014