FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24172
Registrar's No. 5249

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1830 N 21 sth
(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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1830 N 21th Str. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Anna Chrostowska
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 W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 20 (Day) 1877 (Year)

8. AGE: Years 69 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Poland 7
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Joseph Bogumil
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Anna Berent
(b) Address 1830 N 21th Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery Central Und Co
18. (a) Signature of funeral director
(b) Address 1841 Cass ave
19. (a) JUN 8 1948 (Date received local registrar) (b) J Bedell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1948, 19 to Jun 5, 1948
that I last saw her alive on June 5, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	1 wk
Due to Carcinoma uterine c metastasis	2 yrs
Due to Hypertensive cardio vascular heart disease	2 yrs
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

48

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 S J Czapczak MD (M. D. or other)
Address 1901 Madison St Date signed 6-7-48

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.....J. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

P. O. Address.....St. Louis.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.