

No. 2
-1/47
-17-39

State File No.

Registrar's No.

FILED NOV 6 1948

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
St. Louis City Infirmary
(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..... Missouri (b) County..... oas
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No...... 16 4123a Chippewa Street.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Julia Lesniewski

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

4. Sex..... Female 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Widowed

6. (b) Name of husband or wife..... John Lesniewski

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

7. Birth date of deceased..... December 6 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... October day..... 23
 year..... 1948 hour..... 12:45 minute..... A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... Coronary Occlusion;
Chr Cirrhosis of liver;
Interstitial Nephritis.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>17</u> hr. min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 124

Of autopsy.....

PHYSICIAN

 Underline the cause of which death should be charged statistically.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Unknown Lesniewski

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Joseph Lesniewski
 (b) Address..... 4217 Bates Street.

17. (a) Burial (b) Date thereof..... 10/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Resurrection Cemetery

18. (a) Signature of funeral director..... Imbierowicz Funeral Home
 (b) Address..... 5401 South Grand Blvd.

19. (a) OCT 24 1948 (b) J. W. Sasalor
(Date received local registrar) (Registrar's signature)

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..... 3

23. Signature..... [Signature] (M. D. or other).....
 Address..... [Signature] Date signed.....

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

Robert G. Hopper

Licensed Embalmer No.

2971

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.