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10-47
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#90665

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34545

FILED OCT 23 1948 318
Registration District No.

State File No. 8977
Registrar's No.

Primary Registration District No. 1005

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(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 Hospital—Max C. Starkloff
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5750 Amelia Ave.
Memorial (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ANN PALCYNSKI

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1948 hour 4 minute _____ A.M.

21. I hereby certify that I attended the deceased from 10/8/48
19____, to Oct. 16th 1948
that I last saw h. er alive on Oct. 16th 1948
and that death occurred on the date and hour stated above.

4. Sex: Female

5. Color or race White

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

6. (b) Name of husband or wife Michael Palcynski

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

7. Birth date of deceased Nov. 11 1874
(Month) (Day) (Year)

Immediate cause of death _____
Thrombosis of Middle cerebral Artery

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years Months Days If less than one day

73 11 5 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Dont Know

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

14. Maiden name Dont Know

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

16. (a) Informant Mr. Dominic Palcynski

(b) Address 5750 Amelia Ave.

17. (a) Burial (b) Date thereof 10-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) Oct 17 1948 (b) J. B. Sabater
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. M. London (M. D. or other) _____
Address 1515 Lafayette Date signed 10/16/48

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 *Fred Frick*

Licensed Embalmer No..... **3186**

P. O. Address..... **St. Louis, Mo.**

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.