

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

FILED NOV 24 1948
918
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: **4022 Tee 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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Katherine Krawets**

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 **Widow**
6. (b) Name of husband or wife **Stanislaw Krawets** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **May 10 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 0 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Unknown**

12. Name **"**
13. Birthplace **"**
(City, town, or county) (State or foreign country)
14. Maiden name **"**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Stewart**
(b) Address **4022 Tee Ave.**

17. (a) **Burial** (b) Date thereof **11/12/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**

19. (a) **NOV 11 1948** (b) **J. B. Karsten**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4022 Tee Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**
year **1948** hour **3** minute **55 A.** M.

21. I hereby certify that I attended the deceased from **Aug 28-1939**
....., 19....., to **Nov 10** 1948;
that I last saw her alive on **Nov 9** 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chro. Hypertens. Cardio-vascular disease.
Due to **(P.S. 2 24/1 26 on Aug 28-1939)**

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

PHYSICIAN
Major findings: **none**
Of operations.....
Of autopsy.....
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 **Albert J. Mott** (M. D. or other)
Address **2739 NO Grand Bl** Date signed **11-10-48**

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 *Beno Hoffman*
.....
Licensed Embalmer No. *4366*
.....
P. O. Address *Harro, 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.