

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28854

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6074 Registrar's No. 1986

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY, (If outside corporate limits, write RURAL and give town) Wellston		c. CITY (If outside corporate limits, write RURAL and give township) Wellston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1209 Werley Ave.		d. STREET ADDRESS (If rural, give location) 1209 Werley	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) B. c. (Last) Czerniejewski		4. DATE OF DEATH (Month) (Day) (Year) August 16 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 1, 1869
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Unknown Poland
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Martin Pelczynski		13b. MOTHER'S MAIDEN NAME Anna Kemnitz	14. NAME OF HUSBAND OR WIFE Joseph Czerniejewski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Barciszewski, 1209 Werley
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cholecystitis DUE TO (c) Chronic Cholelithiasis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR	
21f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>7-23</u> , 19 <u>49</u> , to <u>8-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-8</u> , 19 <u>49</u> , and that death occurred at <u>9:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Scapciak M. J. (Degree or title)		23b. ADDRESS 1901 Madison St.	23c. DATE SIGNED 8/16/49
24a. BURIAL CREMATION, REMOVAL (Specify) Removed	24b. DATE 8-16-49	24c. NAME OF CEMETERY OR CREMATORY St. Charles	24d. LOCATION (City, town, or county) (State) DuBois, Ill.
DATE REC'D BY LOCAL REG. 8-16-49	REGISTRAR'S SIGNATURE Robert R. Noble, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

(Licensed Embalmers' Statement on Reverse Side)

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

W-31

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

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.