

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1008</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2079</u>		d. STREET ADDRESS (If rural, give location) <u>4826 Farlin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4826 Farlin</u>				d. STREET ADDRESS <u>4826 Farlin</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>		b. (Middle) <u>Smentowski</u>		c. (Last) <u>(Hunk)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 12 50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>		8. DATE OF BIRTH <u>Oct 2 1890</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR <u>9</u> Months		IF UNDER 1 YEAR <u>10</u> Days		IF UNDER 1 HRS. <u>0</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HW</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chicago Ills</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Martin Nowak</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Borowak</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecilia Stula 4826 Farlin</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>massive cerebral hemorrhage (apoplexy)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chr. Hypertensive Cardio-vascular disease.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>7-12-50</u>	
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) _____		21f. HOW DID INJURY OCCUR? <u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Apr 21, 1949</u> , to <u>July 12, 1950</u> , that I last saw the deceased alive on <u>July 10, 1950</u> , and that death occurred at <u>5:10 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert J. Meyer MD</u>		23b. ADDRESS <u>2739 No Grand</u>		23c. DATE SIGNED <u>7-14-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Rosater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central F. H. 5541 Riverview Blvd</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUL 14 1950</u>			

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William S. Satter

Licensed Embalmer No. 46199

P. O. Address St. Charles, 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.