

FILED DEC 30 1950

STANDARD CERTIFICATE OF DEATH

43063

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 9622

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. John's Hospital</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) <u>2 MOS.</u> | | d. STREET ADDRESS (If rural, give location) <u>215 N. Berry Rd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | | |

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|---|--|----------------------------------|-------------|--|--|--|--|--|--|--|---|---|
| 3. NAME OF DECEASED a. (First) <u>Antonia</u> (Type or Print) | | | b. (Middle) | | | c. (Last) <u>Zielinska</u> | | | 4. DATE OF DEATH (Month) <u>11</u> (Day) <u>11</u> (Year) <u>1950</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Mar. 13, 1908</u> | | | 9. AGE (In years last birthday) <u>42</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u> | IF UNDER 14 HRS. Hours <u> </u> Mins. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Poland</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>4</u> | | |

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|---|--|-------------------------|---|---|--|--|--|---------|--|
| 13a. FATHER'S NAME <u>Matje</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Wojtczak</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Jahn</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hedwig Zielinska-215 N. Berry Rd.</u> | | | | ADDRESS | |

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|---|--|--------------------------|--|--|--|--|--|----------------------------------|--|
| 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 | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | <u>Carcinoma (type?)</u> | | | | | | <u>6 Mos</u> | |
| ANTECEDENT CAUSES | | <u>Cachexia</u> | | | | | | <u>2 Mos.</u> | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | | | | | | | |
| | | DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | <u>(Indolence)</u> | | | | | | | |

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|---|--|--|----------------------------------|--|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR <u>199A</u> | | | | | |

22. I hereby certify that I attended the deceased from 2-11, 1950, to 11-11, 1950, that I last saw the deceased alive on 11-11, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

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|--|--|------------------------------|--|--|--|---|--|--|
| 23a. SIGNATURE <u>Thomas G. Gold</u> (Degree or title) | | | 23b. ADDRESS <u>St. Johns Hosp.</u> | | | 23c. DATE SIGNED <u>11/2/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/15/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u> | | |

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|--|--|--|--|--|--|--|--|-------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>NOV 13 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u> | | | ADDRESS <u>2630 Gravois Ave.</u> | |
|--|--|--|--|--|--|--|--|-------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten mark

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert F. Gibben

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.