

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 39967  
10444

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5827 Amelia Ave.,</b>		d. STREET ADDRESS <b>5827 Amelia Ave.,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>A</b> c. (Last) <b>Zakrzewski</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Sept. 29, 1882</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>Dont Know</b>		13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>	
14. NAME OF HUSBAND OR WIFE <b>Late Stanislaus Zakrzewski</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Stanley J. Zakrzewski</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Yrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr- Ont- Nephritis-</b>		Yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr- Hypertension</b>		Yrs.	
DUE TO (c) <b>Chr- Block Heart- about</b>		3- Yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Oedema- of extremities- about</b>		3- Yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Uremia-? Coma-complete- (4) days</b>		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 <b>11-22-1951</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>592X</b>	
22. I hereby certify that I attended the deceased from <b>11-20-1951</b> to <b>11-22nd 1951</b> , that I last saw the deceased alive on <b>11-22nd 1951</b> , and that death occurred at <b>2:25a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Julius J. Simms</b>		23b. ADDRESS <b>3734- Jennings Rd.</b>	23c. DATE SIGNED <b>11-23-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-26-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul's</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 24 1951</b>	REGISTRAR'S SIGNATURE <b>Paul Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullinane Bros. 3320 N. Kingshighway</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

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.