No. 300
10.48

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7461

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1650

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4038 N 25 St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2202
d. STREET ADDRESS (If rural, give location) 20 4038 N. 25 St

3. NAME OF DECEASED (Type or Print) a. (First) Veronica b. (Middle) Cukierska c. (Last)

4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 53

5. SEX F male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 2-16-~~1891~~ 1892
9. AGE (In years last birthday) ~~60~~ 60 | IF UNDER 1 YEAR Months 11 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Poland 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Dempski
13b. MOTHER'S MAIDEN NAME Felicia Narkiewicz
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Sophia Mozalewski ADDRESS 4038 N. 25 St

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosclerosis — Uncertain
DUE TO (c) Arteriosel CVR disease — Uncertain

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, c̄ gangrene — Uncertain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 442X

22. I hereby certify that I attended the deceased from Mar. 6, 1950, to ~~Jan.~~ Febr. 11, 1953, that I last saw the deceased alive on Febr. 10, 1953, and that death occurred at 5.45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry E. Oppenheimer, M.D.
23b. ADDRESS 508 N. Grand Blvd., St Louis 3, Mo
23c. DATE SIGNED Febr 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-13-53
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. FEB 13 1953
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE St Louis Funeral Home ADDRESS 2205 St Louis ave

(Licensed Embalmer's Statement on Reverse Side)

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: John S. Hennely

Licensed Embalmer No. 4194

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.

40287 N.75

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 7461

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1650

On this ..... day of ....., 195....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Veronica Cukierska, died/born 2-11, 1953 in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read 2-16-1892
Instead of 1891
Item No. ..... should read 60
Instead of 61
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant B. Kozakowski Fin Div
Relationship.

2205 St Louis ave
Present Address.

Subscribed and sworn to before me this 12 day of March, 1953.

My Commission expires 3-4-59

Edna C Paddock
Notary Public.

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