S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7956

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1936

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): 55 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2139

d. STREET ADDRESS (If rural, give location): 13 5400 Arsenal Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Magdalena
b. (Middle): Margaret
c. (Last): Slawinski (Tabaka)

4. DATE OF DEATH (Month) (Day) (Year): Feb 17 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3

8. DATE OF BIRTH: July 22, 1879

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Poland 4

12. CITIZEN OF WHAT COUNTRY?: ?

13a. FATHER'S NAME: Tabako

13b. MOTHER'S MAIDEN NAME: ?

14. NAME OF HUSBAND OR WIFE: Frank Slawinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Alice Seidel 3133a Lackland Ave.

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): Cerebral vascular embolism — INTERVAL BETWEEN ONSET AND DEATH: Few min.

ANTECEDENT CAUSES
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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 332X

22. *I hereby certify that I attended the deceased from* 7-1-51, 19__, *to* 2-17, 1953, *that I last saw the deceased alive on* 2-17-53, 19__ *and that death occurred at* 6:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bettie Harris Simon M.D.

23b. ADDRESS: 5400 Arsenal Street

23c. DATE SIGNED: 2-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/21/53

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: FEB 19 1953

REGISTRAR'S SIGNATURE: J Carl Smith M.D. M/B

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Central Funeral Home 1841 Cass

(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 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.