0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19682

FILED JUN 1 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4818

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): Firmin Desloge Hospital 269

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
d. STREET ADDRESS (If rural, give location): 1110a Angelrodt

3. NAME OF DECEASED (Type or Print)
a. (First): Also known as Catherine
b. (Middle): Catherine L.
c. (Last): Mazurkiewicz Mazurkiewicz

4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept.7,1906
9. AGE (In years last birthday): 46
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Alex Hense
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Bernard J.Mazurkiewicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-24-3108
17. INFORMANT'S SIGNATURE OR NAME: Bernard Mazurkiewicz
ADDRESS: 1935b Whitnell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
It does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast with
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastasis to skull, abdomen and axilla and chest — INTERVAL BETWEEN ONSET AND DEATH: ? 3 mos
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? 170X

22. *I hereby certify that I attended the deceased from* 5/6, 1953, *to* 5/10, 1953, *that I last saw the deceased alive on* 5/10, 1953, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Philip A. Riley (Degree or title) M.D.
23b. ADDRESS: 1325 S. Grand St. Louis Mo.
23c. DATE SIGNED: 5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-53
24c. NAME OF CEMETERY OR CREMATORY: St.Matthews Mt Hope
24d. LOCATION (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG. MAY 12 1953
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Albert H.Hoppe
ADDRESS: 4700 Washington Blvd
(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 J. Harris

Licensed Embalmer No. 4108

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

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

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 19682
Local Registrar's No. 4818

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Catherine L Mazurskievicz, died ~~born~~ 5-10, 1953, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 24c should read Mt. Hope Cemetery
Instead of St. Matthews

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 .....

Item No. ..... should read .....
Instead of .....

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

(SEAL)

X Affiant Robert H. Hoppe F.D.
Relationship.

4700 Washington Blvd
Present Address.

Subscribed and sworn to before me this 8 day of June, 1953

My Commission expires 3-4-57

Ella C Paldock
Notary Public.

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

S. 135
8-43
X37817

1953

S-19682