

FILED AUG 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. 30087
Registrar's No. 7363

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian 4411 N. Newstead				e. STREET ADDRESS (If rural, give location) 5711 Woodland on			
3. NAME OF DECEASED (Type or Print) a. (First) Alexandra b. (Middle) c. (Last) Ilewaska			4. DATE OF DEATH (Month) (Day) (Year) 7 27 53				
5. SEX F. M. I		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1888 9-4-1888	
9. AGE (In years last birthday) 65		10. MONTHS 10		11. DAYS 23		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St Louis wife				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) Poland 4				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Stanislaw Zalanski unknown			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE John	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Ilewski, 5736 Saloma	
18. CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c)) <i>Does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute gangrenous cholecystitis with perforation +					2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) bile peritonitis Cholelithiasis					
		DUE TO (c) _____					
19a. DATE OF OPERATION 7/26/53		19b. MAJOR FINDINGS OF OPERATION acute gangrenous cholecystitis perforation peritonitis					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) 584 X			
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? _____			
22. I hereby certify that I attended the deceased from July 25, 1953, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE John G. McEnaney M.D. (Degree or title)			23b. ADDRESS 5014 Thekla Ithoria			23c. DATE SIGNED 7/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-53		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St Louis MO.	
DATE REC'D BY LOCAL REG. JUL 29 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis Funeral Home			

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

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call [unclear]

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, ~~by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Elton H. Penelera*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 30087

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7365

On this _____ day of _____, 194____, before me appears _____

_____ , who, upon _____ oath, states that the original record of birth death
to Alexandra Ilwoska died 7-27 _____, 1953, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8- should read Sept. 4 - 1888

Instead of _____ 1894

Item No. _____ should read age

Instead of _____ 64

Item No. _____ should read _____

Instead of _____ 68

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 Ben Kosakowski Relationship _____

2205 St. Louis ave
Present Address.

Subscribed and sworn to before me this 20 day of Aug, 1953

My Commission expires 3-4-57 Arnold Paddock Notary Public.

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

