MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31698
Do not use this space.

1. PLACE OF DEATH SEP 25 1937
(a) County St. Louis — Registration District No. 784
(b) Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 167
(c) City WEST WALNUT MANOR — (d) Street No. 5229 JANET AVE (DAUGHTER. RES.) St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANTOINETTE CZERWINSKI
(a) Residence, No. 2245 INDIANA AVE St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ FRANK V. CZERWINSKI.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 26 1871

7. AGE: YEARS 65 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER
13. NAME BERNARD WASELEWSKI
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME JULIA BRENNAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Mrs. H. J. Geers 2633 Ofrenan Oak

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE SEPT 4TH 1937

19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO 1827 HOGAN. STR.

20. FILED 9-2 1937 W. A. Zeitler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1- 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-29- 1937, to 9-1- 1937
I last saw her alive on 9-1- 1937. Death is said to have occurred on the date stated above, at 5:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cere basal Haem morrhage involving rt side	8-31-37

93C

Other contributory causes of importance:
Hypertension
+ chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 1
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [illegible], M. D.
(Address) 662 Chilton Ave.

(Licensed Embalmer's Statement on Reverse Side)

Per C. Smith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12604

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93—

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed John B. Brockland

Licensed Embalmer No. 93—

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.)

EE St WM