

REC'D SEP 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27716

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **3**  
 (b) Township..... Primary Registration District No. **1**  
 (c) City *St. Louis Mo* (d) Street No. *Lansdale E. City Hospital #1* Registered No. **7730**  
 (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

*Rose Stasiak Courylo* **640**  
 (a) Residence, No. *1432<sup>5</sup> Near N. 9th.* St. **25** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Stanley Courylo</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 4 1888</i>		
7. AGE YEARS <i>49</i>	MONTHS <i>11</i>	DAYS <i>25</i>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
17. INFORMANT (ADDRESS) <i>Stanley Courylo</i> <i>1432<sup>5</sup> Near N. 9th.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lakewood Park</i> DATE <i>Aug 31 1938</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>Mullen Bros</i> <i>4259 Lindell Blvd.</i>		
20. FILED <b>AUG 31 1938</b> <i>J. F. Brueck</i> Local Registrar.		

## NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 29<sup>th</sup>* 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at *3:05 A.M.*

The principal cause of death and related causes of importance were as follows:

*Hemorrhage of Large Bowel;  
Cirrhosis of Liver;*

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Alfred Henry I.* M. D.(Address) *Republ. Corner*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X12004

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.: .....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Thomas R. Fencsik*

Licensed Embalmer No. *3793.*

**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.)**