DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37196

Registration District No. 7911 — FILED DEC 11 1940 — Primary Registration District No. 1003 — Registrar's No. 9469

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days) In this community: 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis 3 (If outside city or town limits, write "RURAL")
(d) Street No. 6021 Junia (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Marie Bowolak
3. (b) If veteran, name war: —
3. (c) Social Security No. 488-07-8640
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 8 (Day) 1903 (Year)
8. AGE: Years 37 Months 5 Days 8 If less than one day hr. min.
9. Birthplace: Sunny Side (City, town, or county) Penn. (State or foreign country)
10. Usual occupation: Bindry Workerl
11. Industry or business: Printing Co.
MOTHER FATHER
12. Name: Andrew Bowolak
13. Birthplace: — (City, town, or county) Austria (State or foreign country)
MOTHER
14. Maiden name: Bessie Soseko
15. Birthplace: — (City, town, or county) Austria (State or foreign country)
16. (a) Informant's own signature: Julia Bowolak
(b) Address: 6021 Junia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mathews Cem.
18. (a) Signature of funeral director: Chulick Und. Co.
(b) Address: 1766 S. Jeff.
19. (a) NOV 19 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1940 hour 11 minute 16 P. M.
21. I hereby certify that I attended the deceased from 6/9, 1940, to 11/16, 1940; that I last saw her alive on 11-16-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure caused by Bronchial asthma	6 days
Due to: Bronchial Asthma	5 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: no
Of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Victor L. Sowed (M. D. or other)
Address: 2811 Watson Date signed: 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed B. W. Finn

Licensed Embalmer No. 1591

P. O. Address 4106 Botanic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.