

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2199

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Elsie Romanskie

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John Romanskie 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased about 1909 UNKNOWN  
 (Month) (Day) (Year)

8. AGE: Years About 49 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Effingham Ills. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Smith

13. Birthplace Ills. (City, town, or county) (State or foreign country)

14. Maiden name White-Crown (City, town, or county) (State or foreign country)

15. Birthplace Ills. (City, town, or county) (State or foreign country)

16. (a) Informant John Romanskie

(b) Address 1327 D 3 d

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10 41 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Thos. Little & Son

(b) Address 206 E. 11th St. St. Louis, Mo.

19. (a) MAR 10 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 2311  
 (d) Street No. 1327 D 3 d (If rural, give location) 9  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1941 hour 5:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 7, 19 41 to March 8, 19 41 that I last saw her alive on March 8, and that death occurred on the date and hour stated above.

Immediate cause of death Umbilical Hernia, Strangulated. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Obesity  
 (Include pregnancy within 3 months of death)

Major findings: Umbilical Hernia, Strangulated. PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature L. V. Mulligan (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Ave. St. Louis, Mo. Date signed 3/10/41

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

**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.....

*Thos Lutes*

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

working under my personal supervision.

Signed *Thos Lutes*

Licensed Embalmer No. *1619*

P. O. Address *2906 Davis*

**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.**