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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8893**
Registrar's No. **2303**

Registration District No. **7911**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2611 N. 19th St. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **33** years (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frances Gocłowski**

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, **widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 21, 1880**
(Month) (Day) (Year)

8. AGE: Years **61** Months _____ Days **16** If less than one day hr. _____ min.

9. Birthplace **4 Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Adam Przystup**

13. Birthplace **7 Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **4 Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Stanley Gocłowski**

(b) Address **1635 N. 13 St.**

17. (a) **Burial** (b) Date thereof **3/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **St. Louis Funeral Home** (Specify type of place) While at work? _____ (e) Means of injury _____

(b) Address **2205 St. Louis Ave.**

19. (a) **MAR 13 1941** (b) **J. W. Bredrek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00026**
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **2611 N. 19 St.** 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **33** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11** year **1941** hour **9** minute **45 A.**

21. I hereby certify that I attended the deceased from **Dec 12**, 19**39**, to **March 11**, 19**41**, that I last saw h **alive** on **March 11**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**

Due to _____
Due to _____

Other conditions **wound**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

23. Signature **Stanley Gocłowski** (Date received local registrar) _____

Address **2739 7th St.** Date signed **3/14/41**

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.....

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

working under my personal supervision.

Signed.....

Albert N. Happe

Licensed Embalmer No.....

1861

P. O. Address.....

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.