

FILLED NOV 27 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8689

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17  
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WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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 BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Laura Sikienski

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anthony

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 1 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Storkeeper

11. Industry or business Grocery

12. Name John Swardowski

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

14. Maiden name Maria Agmon

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

16. (a) Informant Anthony Swardowski

(b) Address 2529 W. Madison St.

17. (a) Buried (b) Date thereof 11-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Adalberts Chrch

18. (a) Signature of funeral director Ogozowski

(b) Address 1010 Pennsylvania

19. (a) NOV 1 1941 (b) J. F. Bradley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 545a No 6th  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 at  
year 1941 hour 7 minute 45 a. M.

21. I hereby certify that I attended the deceased from September 27, 1941, to November 1, 1941;  
that I last saw her alive on Nov 1, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Laennec Cirrhosis  
Ascites

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations paracentesis - Ascites  
1.5 liter ascites cgs 10 fluid

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 J. F. Bradley (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 10-1-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**STATEMENT BY LICENSED EMBALMER**

*Not Embalmed*

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.....

Licensed Embalmer No.....

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.**