

S. No. 2
1-14-41
5-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40292

State File No. _____
Registrar's No. 10036

DEPARTMENT OF COMMERCE
REGISTRATION DISTRICT NO. 139
179

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 Calhoun
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 Calhoun
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Zlotopolski
3. (b) If veteran, name war _____
3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 17
year 1941 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____
19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, ~~married~~ widow
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25, 1872
(Month) (Day) (Year)

Immediate cause of death
Cerebral Apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 830

8. AGE: Years Months Days If less than one day
69 0 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Martin Nasmerski

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

14. Maiden name Guminski

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

16. (a) Informant Mary Zlotopolski

(b) Address 7016 Dawson

17. (a) Burial (b) Date thereof 12/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 19 1941 (b) J. J. Pudek
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury 3
23. Signature Edith E. Ambruster (M.D. or other) _____
Address Calvary Cemetery Date signed 12/19/41

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

MOTHER FATHER

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..... *Henry Eyrich*.....

Licensed Embalmer No..... *1284*.....

P. O. Address..... *St Louis Mo*.....

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.