

FILED FEB 24 1941
791

Registration District No. _____

Primary Registration District No. _____

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:
5200 Alabama Ave
(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

3. (a) PRINT FULL NAME PAULA OLSZEWSKI

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose J. Slominski 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 3 1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>60</u> | <u>6</u> | <u>28</u> | hr. _____ min. _____ |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business _____

12. Name Andrew Olszewski

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

14. Maiden name Julia Wasilenko

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

16. (a) Informant Rose Olszewski
(b) Address 5200 Alabama Ave

17. (a) Burial (b) Date thereof Jan 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director J. J. Ambrose
(b) Address 5401 Grand Blvd

19. (a) DEC 31 1941 (b) J. J. Ambrose
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5200 Alabama Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1941 hour 5:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-4-40 19____ to 12-31-41 19____
that I last saw him alive on 12-31-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension & nephritis
Due to Chronic Interstitial Nephritis

Other conditions (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? _____

While at work? _____ (Specify type of place) _____ (Specify type of injury)

23. Signature Thos. J. Ambrose M. D.
Address 4930 Lindell Date signed 12-31-41

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

00
17
9

OCT 15 1953

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

J. Wm. Binkley

Licensed Embalmer No. *3653*

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.