

FILED MAR 17 1947 91

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis.
(c) Name of hospital or institution:
2214a N. Market St.
(d) Length of stay: In hospital or institution 20 Years.
In this community 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 688
(c) City or town St. Louis. 26 17
(d) Street No. 2214a N. Market St.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Helen Michalski,

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-01-2773

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

6. (b) Name of husband or wife Anthony Michalski 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 10 15 hr. min.

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

10. Usual occupation Unemployed.

11. Industry or business Elder Shirt Co.

MOTHER { 12. Name Mathis Zewski.
13. Birthplace GERTANY Poland (City, town, or county) (State or foreign country)
14. Maiden name Marie Prokoup
15. Birthplace Poland. (City, town, or county) (State or foreign country)

16. (a) Informant Anthony Michalski
(b) Address 2214a North Market Street.

17. (a) Burial. (b) Date thereof 3-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 27 1947 J. G. Bredecke
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1942 hour 10:25 A.M. minute M

21. I hereby certify that I attended the deceased from 2 24 42
19 to 2 26 42 19 to
that I last saw alive on 2 26 42
and that death occurred on the date and hour stated above.

Immediate cause of death Death Dilatation of heart Duration 2 da
Due to Meloid Regurgitation 6 mo

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature J. G. Bredecke (M. D. or other) 3-2-42
Address 1975 Madison Date signed

