

FILED FEB 16 1943 318

1003

1034

Registration District No.

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:
Alley between Monroe & N. Market St
(If not in hospital or institution, write street number or location)
pronounced dead at City Hospt.
(d) Length of stay in hospital or institution
(Specify whether
In this community 31 years
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. 1441 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT

FULL NAME Miss Balbina Supitkowsky
3. (b) If veteran, name war. none 3. (c) Social Security No. 498-12-8385

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th.
year 1943 hour 3:05 PM minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him 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, divorced Divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 14 1911
(Month) (Day) (Year)

Immediate cause of death Fracture of Skull
subdural hemorrhage of Brain
when she was found at the
Alley entrance to her home
about 1:45 am 1-30-43
Due to Cause and Manner could not
be Determined
Other conditions Open Verdict
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
31 11 16 hr. min.

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

10. Usual occupation Packer

11. Industry or business R. E. Funsten Nut Co.

MOTHER FATHER { 12. Name Frank Supitkowsky
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Balbina Pawotski
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Balbina Supitkowsky
(b) Address 1717 N. 11th. St.

17. (a) Burial (b) Date thereof 2-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) FEB 1 1943 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: Of operations 195
Of autopsy et
Underline the cause to which death should be charged statistically.

22. If death is due to external causes, fill in the following:
(a) Accidental, suicide, or homicide (specify) Open Verdict et
(b) Date of occurrence 1-30-43
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? No (Specify type of place) (e) Means of injury Tras Skull
23. Signature Thomas F. Callahan (M.D. or other)
Address Deputy Coroner Date signed 2/1/43

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

Walter L. Ponder

Licensed Embalmer No.

3367

P. O. Address

1223 St. Louis ave.

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.