V. S. No. 2
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ed. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED JUL 24 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23440

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6385

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5052 Tholozan (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: 000 12

(a) State: Missouri (b) County: 9

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

(d) Street No.: 5906 Barton St. (If rural, give location) 23

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Angeline Sadowska

3. (b) If veteran, name war: ------

3. (c) Social Security No: -----

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: Nickolas

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

7. Birth date of deceased: May (Month) 5 (Day) 1888 (Year)

8. AGE: Years 55 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Poland (State or foreign country) 4

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Vincent Sosnowski

13. Birthplace: (City, town, or county) Poland (State or foreign country) 4

MOTHER 14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Frances Stilinovic

(b) Address: 5052 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Old SS Peter and Paul

18. (a) Signature of funeral director: Wm. E. Maydell

(b) Address: 1926 Allen Ave.

19. (a) JUL 14 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1943 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 25, 1943, to July 11, 1943 that I last saw he alive on July 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	12 hrs
Due to: coronary sclerosis	
Due to: vascular hypertension	2 years +
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Samuel B. Grant (M. D. or other) MD

Address: 114 N. Taylor Ave. Date signed: 7/12/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No. ,

working under my personal supervision.

Signed Wm. C. Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.