

V. S. No. 2
100M-2-43
Rev. 5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27143

State File No. _____

FILED SEP 11 1943

Registration District No. 218

Primary Registration District No. 4002

Registrar's No. 2245

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:
MO. BAPTIST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON
(c) City or town MADISON
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 715 WASHINGTON
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANTONETTE ULANSKI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single widowed, married, divorced 2

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name PAUL O'HARA

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

14. Maiden name UNKNOWN

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

16. (a) Informant Zelen Kalinszki

(b) Address 715 Washington Madison Ill.

17. (a) REMOVAL (b) Date thereof Aug 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MADISON ILLINOIS

18. (a) Signature of funeral director John J. Pridock

(b) Address Madison Ill.

19. (a) AUG 30 1943 (b) J. P. Pridock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1943 hour 5 minute 1 A. 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.

Immediate cause of death Fractured Left Hip
Arteriosclerosis suffered when
Decayed fell to the floor at
her home 715 Washington St
Madison Ill on Aug 25-1943
Due to about 6 Pm

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 136

(b) Date of occurrence 8-25-43

(c) Where did injury occur? Madison Ill
(City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Alfred G Perry (M. D. or other) _____

Address Madison Ill Date signed 8/29/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *William J. Larkin*.....

Licensed Embalmer No. *4319*.....

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.