

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36935
State File No. 10137
Registrar's No.

4467
FILED DEC 9 1943
318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town _____
(c) Name of hospital or institution: 1625 N 17 St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County 003
(b) City or town St. Louis
(c) Street No. 1625 N 17 St
(If rural, give location)
(d) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Agata Sikora
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 19 1943
year 1943 hour 9:00 minute AM
21. I hereby certify that I attended the deceased from Nov 15 1943
to Nov 19 1943
that I last saw him alive on Nov 19 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov 15 43
(Month) (Day) (Year)

Immediate cause of death Septicemia (Neurotonemia)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy hw

8. AGE: Years _____ Months _____ Days 45 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis (City, town, or county) U.S.A. (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Tony Sikora
13. Birthplace Poland (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Szeleszyk
15. Birthplace Poland (City, town, or county) (State or foreign country) 4

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 work) (2) Means of injury _____

16. (a) Informant Tony Sikora
(b) Address 1625 N 17 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 43 (Month) (Day) (Year)
(c) Place: burial or cremation Cabway
18. (a) Signature of funeral director St. Louis Funeral Hk
(b) Address 7205 St. Louis ave
19. (a) NOV 19 1943 (Date received local registrar) (b) J. J. Credick (Registrar's signature)

23. Signature J. J. Credick (M. D. or other) _____
Address 2807 N Grand Date signed 11/19/43

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 not embalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed B. Kaszkowski
Licensed Embalmer No. _____
P. O. Address _____

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.