

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

4912

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 13 1944 318

Registration District No.

Primary Registration District No. 1803

Registrar's No.

2188

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6021 Juniata Ave. /
(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)

3. (a) PRINT FULL NAME Anna Bowolak

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

3. (c) Social Security No. None

4. Sex Female 5. Color or race W.

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

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

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

7. Birth date of deceased April, 15, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 10 16 hr. min.

9. Birthplace Sunnyside, Penn. /
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Bowolak

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

14. Maiden name Peligia Sosenko

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

16. (a) Informant Julia Bowolak

(b) Address 6021 Juniata Ave.

17. (a) Burial (b) Date thereof 3/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Christlind Ind. Co.

(b) Address 1722 S. Jefferson Ave.

19. (a) MAR 6 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 914

(d) Street No. 6021 Juniata Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 3rd

year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 3 1943 to Mar 3 1944
that I last saw her alive on Mar 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Clinical. Tuberculosis of Lung.

Due to No organisms were ever found.

Other conditions.....
(Include pregnancy within 3 months of death)

12

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. F. Bredeek (M. D. or other).....
Address 4930 Engle Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay Ferry Rd*

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.

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

State File No.

Registration District No. 318Primary Registration District No. 1003Registrar's No. 2188

1. PLACE OF DEATH:

- (a) County.....St Louis
 (b) City or town.....St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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)3. (a) PRINT
FULL NAMEAnna Rowalak3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced S6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased.....
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
40 10 min.9. Birthplace.....
(City, town, or county) (State or foreign country)10. Usual occupation.....
Stenographer

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) MAR 17 1944 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1944 hour..... minute..... M.21. I hereby certify that I attended the deceased from....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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 sta-
tistically.

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

4912