

FILED SEP 8 1944 318

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 days**
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Illinois** (b) County **St. Clair**
 (c) City or town **East St. Louis**
1445 N 55th
(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 **2**

3. (a) PRINT FULL NAME **Hattie Prosser**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **John Prosser**
 6. (c) Age of husband or wife if alive **35** years
 7. Birth date of deceased **July 17 1914**
(Month) (Day) (Year)

8. AGE: Years **30** Months **1** Days **10**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **housewife**

11. Industry or business **John Andrzejewski**

12. Name **Poland**
13. Birthplace **Poland**
(City, town, or county) (State or foreign country)
14. Maiden name **Wladyslawa Strzelkowski**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Prosser**

(b) Address **1445n 55St. East St. Louis, Ill**

17. (a) Removal (b) Date thereof **August 28, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Geonoski Funeral Home East St. Louis, Ill**

18. (a) Signature of funeral director **East St. Louis, Ill**

(b) Address **AUG 28 1944**

19. (a) (Date received local registrar) **J. T. Bredbeck**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27th**
 year **1944** hour **7** minute **05** P.M.

21. I hereby certify that I attended the deceased from
August 21st 1944 to August 27th 1944
 that I last saw her alive on **August 27th 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis bilateral**

Due to _____

Due to _____

Other conditions **13**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **None**

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 **McAlhany** (M. D. or other) _____

Address **BARNES HOSPITAL** **Date signed** **8/28/44**

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

John G. Gonski

Licensed Embalmer No. *3398*

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.