

Registration District No. **318** 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 Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4706 Michigan
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME MARY KHROWSKI
 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 widowed
 6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Oct 4th 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 3 hr. min.

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

10. Usual occupation ---

11. Industry or business.....

MOTHER FATHER

12. Name JOSEPH ZIELINSKI
 13. Birthplace 4 POLAND
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Bryzganaki
 15. Birthplace 4 Poland
 (City, town, or county) (State or foreign country)

16. (a) Informant Leo Khrowski
 (b) Address 4706 Michigan

17. (a) Burial (b) Date thereof Dec 11 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Paul

18. (a) Signature of funeral director Helena Imbrowski
 (b) Address 5401 So Grand Blvd

19. (a) DEC 9 1944 (b) J. F. Bredler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County St. Louis Mo
 (c) City or town St. Louis Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4706 Michigan
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 7 P.
 year 1944 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from June 4 1942 to Dec 7 1944
 that I last saw him alive on Dec 7 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to.....
 Due to Senile
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (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 Rudolph D. Vitt (M. D. or other)
 Address 3801 S Broadway Date signed 12/9/44

Duration
 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *John Gonoski*
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.