S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36434

State File No. 10456

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

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

(c) Name of hospital or institution: 1417 A. N. 9th STR. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 30 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County [illegible]

(c) City or town ST. LOUIS. 17 25 (If outside city or town limits, write "RURAL")

(d) Street No. 1417 A. N. 9th STR. (If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country POLAND

3. (a) PRINT FULL NAME KAROLINA SNOPEK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JULY (Month) 15 (Day) 1891 (Year)

8. AGE: Years 53 Months 4 Days 20 If less than one day — hr. — min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name ALBERT PIERON
13. Birthplace POLAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name APOLONIA GRUSZEWSKA
15. Birthplace POLAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Snopek

(b) Address 1417 A. N. 9th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 9 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brocklaud Und Co

(b) Address 1827 Hogan Str.

19. (a) DEC 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 5TH year 1944 hour 10.10 minute A. M.

21. I hereby certify that I attended the deceased from December 3, 1944, to Dec. 5, 1944; that I last saw her alive on Dec. 5, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Myocardial failure

Due to Hypertensive cardio-renal vascular disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Several hours. Several years

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Forte M.D. (M. D. or other)

Address 4703 Castle Ave. St. Louis Date signed 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 Ogonoski

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.