

S. No. 2
M-5-43
5-17-39
I X36671

#36846
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4032

State File No. _____

FILED FEB 24 1945 318

Registrar's No. 1326

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital #1. D
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 1219 Clinton st
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Julia Brominsky

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 Widow 2

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

7. Birth date of deceased Jan 23 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 25
If less than one day, hr. _____ min. _____

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

10. Usual occupation H-W

11. Industry or business _____

12. Name Peter Pruski

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

14. Maiden name Agnes Pruski

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

16. (a) Informant Henry Brominski

(b) Address 1219 Clinton Str.

17. (a) _____ (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

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

(b) Address 1841 Cass ave

19. (a) FEB 10 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 8th
year 1945 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2/6/45
_____ 19____, to 2/8/45 19____;
that I last saw her alive on 2/8/45 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____
Due to _____

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death) sclerosis

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 E. W. Czebrinski (M.D. or other) _____

Address 1515 Lafayette Date signed 2/8/45

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.....

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.