

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 28 1945  
Registration District No. 518

Primary Registration District No. 100

Registrar's No. 11090

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
2113 S. 7th Street  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2113 S. 7th Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAULINE KALINOWSKI

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

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

7. Birth date of deceased About 1870  
(Month) (Day) (Year)

8. AGE: Years About 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Agnes Bornmueller

(b) Address 2113 S. 7th Street

17. (a) Burial (b) Date thereof 12/20/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Magdell

(b) Address 1926 Allen Avenue

19. (a) DEC 19 1945 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th  
year 1945 hour 10 minute 50P. M.

21. I hereby certify that I attended the deceased from Nov. 2  
1945 to Dec. 17 1945  
that I last saw h. alive on Dec. 14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to chronic myocarditis

Due to arterio-sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature Wm C. Magdell (M. D. or D. O.) \_\_\_\_\_

Address 3014 S. Jefferson Date signed Dec 19 1945

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

MOTHER FATHER

**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

*Benj. C. Duncan*

.....  
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**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.**