V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11520

FILED MAR 30 1946

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2642

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: City Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/27/46 to 3/19/46 (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town ST Louis, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2704 Lemp Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Pasek

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 Stanley

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

7. Birth date of deceased Aug. (Month) 1 (Day) 1870 (Year)

8. AGE: Years 75 Months 7 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name John Zyrezen

13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Heldeele

(b) Address 3634 Gravois ave

19. (a) MAR 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1946 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 2, 1946 to Mrach 19, 1946 that I last saw her alive on March 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia	4 mos
Due to: Carcinoma of Cervix	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy Ca of Cervix Hydronephrosis

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 [illegible] (M. D. or other) _____

Address Isolation Hosp Date signed 1 Mar 46

(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 Robert Orwheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.