

S. No. 2
M-5-43
v. 5-17-39
I X38671

11843

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 5 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3007

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4139 Carter ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4.3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4139 W. Carter
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Wrablewski
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 28
Year 1946 hour 11 P.M. minute _____ M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Peter Wrablewski
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1946 to March 28 1946
that I last saw her alive on Mar 28 1946
and that death occurred on the date and hour stated above.
Duration _____

8. AGE: Years 75 Months 11 Days 27
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinosis of liver 1 year
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation House wife

11. Industry or business _____

12. Name Peter Benke

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 Peter Wrablewski

(b) Address 4139 West Carter

17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? Cathary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis ave

19. (a) MAR 30 1946 (Date received local registrar)
J. F. Bredich (Registrar's Signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
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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 _____ (c) Means of injury _____
23. Signature Francis Miller (M. D. or other) _____
Address 4114 W. Pomeroy Date signed 3/29/46

(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 *Albert J. Hopp*.....

Licensed Embalmer No. *2971*.....

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.