

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

**FILED DEC 23 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10846**

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 33 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County foo  
(c) City or town St. Louis 2317  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1814 California Ave. 90  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Stanislawa Ziemba

3. (b) If veteran, name war -- 3. (c) Social Security No. 494-26-0456

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Leon Ziemba  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>abt-59</u>				hr. min.

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

10. Usual occupation Operator

11. Industry or business Caradine Hat Co.

MOTHER FATHER {  
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 Lucyan Ziemba (Son)

(b) Address 1814 California Ave.

17. (a) Burial (b) Date thereof 12/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2205 St. Louis Ave.

19. (a) DEC 19 1946 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 15,  
year 1946 hour 11:30 am M.

21. I hereby certify that I attended the deceased from 11-29-46 1946, to 12-15-46 1946; that I last saw her alive on 12-15-46 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 10 days  
Due to Cardiovascular  
Renal disease

Other conditions 1/21  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/21

Of autopsy 1/21

**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) (e) Means of injury ---

23. Signature J. F. Nawrocki (M. D. or other) MD  
Address 1901 Main St. signed 12-18-46

**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 *Ernest W. Spillard*

Licensed Embalmer No. *4080*

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.**