

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11378
Registrar's No. 2647

FILED MAR 24 1947

318

Primary Registration District No. _____

1003

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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Memorial
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1203 North 7th Str.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATE PATRICK - Katie Patrick

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 John Patrick
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 30 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. (a) Name John Chranowsky

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

14. Maiden name Mary Chranowsky

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

16. (a) Name Veronica Patrick

(b) Address 1203 North 7th Str.

17. (a) Burial, cremation, or removal _____ (b) Date thereof 3/15/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1841 Cass ave

19. (a) MAR 13 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 4 30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to 3/12/47, 19____, that I last saw her alive on 3/12/47, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach
& metastases

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 OK Park (M. D. or other) _____

Address 1515 Lafayette Date signed 3/12/47

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

MOTHER, FATHER
By Alf
1947
Hallene D. Tolg
Corr. Burial

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

Henry M. Brammer

Licensed Embalmer No. 4200

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of
County of } ss.

State File No.
Local Registrar's No. 2617

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194, before me appears

for Katie Patricia, who, upon oath, states that the original record of birth death
died 3-12- 1947 in the State of
born
Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 3 should read Katie Patricia
Instead of
Kate "

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Veronica Patricia Inf Relationship.

1203 N. 7th
Present Address.

Subscribed and sworn to before me this 11 day of July, 1947.

My Commission expires 3-4-49. Earl C. Peddover Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11378