

FILED JUN 13 1947  
378

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 5348

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:  
Park-Lane Hospital (D)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 50 years (Specify whether  
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. 5033 Genevieve  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME GALINSKA, FRANCIS

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank Galinski 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased Oct 2 1900  
(Month) (Day) (Year)

8. AGE: 66 Years Months 7 Days 26  
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER  
12. Name Skarnia  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Wink  
15. Birthplace Wink  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Galinski

(b) Address 5033 Genevieve

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-31-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis funeral home

(b) Address 2208 St. Louis Ave

19. (a) Date received local registrar MAY 29 1947 (b) Registrar's signature J. F. Buresch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th,  
year 1947 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from December 12, 1945, 19... to May 28, 1947, 19...  
that I last saw her alive on May 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus, Duration 2 yrs.

Due to.....  
Due to..... Chronic interstitial nephritis and ch. myocarditis, 2 yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
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?

23. Signature [Signature] (Specify type of place) (e) Means of injury 0  
Address 320 Metropolitan Bldg. (M.D. or other) Date signed 5/29/47

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

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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.**