

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

FILED SEP 8 1947

318

Primary Registration District No. _____

1003

Registrar's No. _____

9773

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:
2128 Stansbury 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Apolonia Gibala
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 W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank TOPZENSKI

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

14. Maiden name Unkown

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

16. (a) Informant Katherine Smukala

(b) Address 2128 Stansbury

17. (a) Burial (b) Date thereof 8-30-47
(Month) (Day) (Year)

(c) Place of burial or cremation Resurrection Cem. St. Louis

18. (a) Signature of funeral director Central

(b) 1841 Cass St
AUG 28 1947 (c) J. F. Brodeur
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0001
(c) City or town St. Louis Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2128 Stansbury 9
24 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 47 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 9-23-47 to 6-2-47
that I last saw her alive on 6-2-47
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic. Duration 1940

Due to _____
Due to _____

Other conditions 1st stroke Paralytic 5-11-47
(Include pregnancy within 3 months of death)
had other strokes later

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury Heavy celling

23. Signature _____ (M. D. or other) MD
Address _____ Date signed _____

3610 90 Broadway St. Louis, Missouri

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

MOTHER FATHER

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

Elmo R. Cadwell

Licensed Embalmer No. 4077

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.