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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 3 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 352705  
Registrar's No. 9789

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1033 Allen Ave.  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1033 Allen Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ROSE FEDAK  
3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex female, 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased ? ? 1884

8. AGE: Years Months Days If less than one day  
abt. 63 ? ? hr. min.

9. Birthplace Poland

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Poland

14. Maiden name Unknown

15. Birthplace Poland

16. (a) Informant Anna Laskowsky

(b) Address 4965 Tholozan Ave.

17. (a) Burial (b) Date thereof 10/20/47

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director CHULICK UND. CO. INC

(b) Address 1722 S. Jefferson Ave.

19. (c) OCT 22 1947 J. T. Brodeck Registrar's signature

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 16 year 1947 hour 6 minute P. M.  
21. I hereby certify that I attended the deceased from Oct 16 1947 to Oct 16 1947 that I last saw her alive on Oct 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated Gall bladder  
Due to Cirrhosis of liver  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN: [Signature]

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: Hallard & Nash (M. D. or other)  
Address: 1827 S. 18th St. Date signed 10/19/47

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

MOTHER FATHER

6846

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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..... *Alex A. Chubick Jr.*.....

Licensed Embalmer No..... *4143*.....

P. O. Address..... *1722 S. Jefferson*.....

**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.