S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10871
Primary Registration District No. 1003
Registrar's No. 2282

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

1. PLACE OF DEATH:
(a) County
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 0 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 Ofallon Str.
Memorial (If rural, give location) 9
(e) Citizen of foreign country? 21 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME (Boleswa) BESSIE ZAMANSKI
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 Married
6. (b) Name of husband or wife George Zamanski
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 23 (Day) 1888 (Year)

8. AGE: Years 60 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Francis Roleczka
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Antonnitte Roleczka
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)
16. (a) Informant George Zamanski
(b) Address 1814 Ofallon Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Central Und Co
(b) Address L841 Cass ave
19. (a) MAR 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1948 hour 5 minute 25 A M.
21. I hereby certify that I attended the deceased from 3/1/48, 19, to March 5th, 1948 that I last saw her alive on March 5th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, metastatic - Primary site unknown.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature [signature] (M.D. or other) MD
Address 1515 Lafayette Date signed 3/5/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.