FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21495

Registrar's No. 5247

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: 4922 Beacon ave
(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 No (b) County 800

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4922 Beacon ave 9
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Antonia Wisniewski

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 Maried

6. (b) Name of husband or wife John Wisniewski

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased june (Month) 13 (Day) 1888 (Year)

8. AGE: Years 60 Months 11 Days ~~18~~ 13 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Anthony Jaworowski
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Verinica Kurowski
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant John Wisniewski
(b) Address 4922 Beacon ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (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) JUN 8 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 12 minute 55 P M.

21. I hereby certify that I attended the deceased from June 9, 1947 to June 6, 1948
that I last saw her alive on June 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Hypertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Several years

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 John J Forte MD (M. D. or other)

Address 4703 Carter Ave St Louis Date signed 6-7-48

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 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.