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FILED JAN 18 1949

Registration District No. **318**

Primary Registration District No. **7003**

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

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:  
DePaul Hospital  
(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 cos  
17

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

(d) Street No. 1602 Helen St  
26  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mary Anna Ant Kiewicz

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day 30 1948  
year..... hour..... minute..... M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stanislaus

6. (c) Age of husband or wife if alive 68 years  
(Day) (Year)

7. Birth date of deceased: July 25 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 17 28 1948, to 17 30 1948  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 5 5 ..hr. ....min.

Immediate cause of death Diabetic Coma  
Due to Diabetic Coma  
Due to.....

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

Other conditions (Include pregnancy within 3 months of death) 61  
Due to.....

10. Usual occupation Housewife

Major findings: 61  
Of operations.....  
Of autopsy.....

11. Industry or business.....

MOTHER FATHER { 12. Name Front Czapliska 4

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

14. Maiden name Wolkman

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

16. (a) Informant Stanislaus Ant Kiewicz

(b) Address 1602 Helen St

17. (a) Burial (b) Date thereof 1/3/49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cahvary Cemetery

18. (a) Signature of funeral director Central Burial Co

(b) Address 1841 Cass Ave

19. (a) JAN 2 1949 (b) J. B. Jasater  
(Date received local registrar) (Registrar's signature)

PHYSICIAN 61  
Underline the cause to which death should be charged statistically. Diabetic Coma

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 R. J. Keegan (M. D. or other) 1/3/49  
Address 1875 Madison Date signed.....

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Elton J. Penelvas

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

**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.**