

Death Certificate for Stephanie S. Meleski

The Commonwealth of Massachusetts		126
		Worcester
JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		Worcester <small>(City or Town making this return)</small>
STANDARD CERTIFICATE OF DEATH		Registered No. 324
1 PLACE OF DEATH Worcester <small>(County)</small> Worcester 348 <small>(City or Town)</small>	2125 No. Worcester City Hospital St.	(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIAN—IMPORTANT
2 FULL NAME Stephanie S. Meleski <small>(If deceased is a married, widowed or divorced woman, give also maiden name.)</small>		(If deceased a U. S. War Veteran, specify WAR) No
(a) Permanent Residence, No. 43 Austin St. Worcester <small>(City or town and State)</small>		348 <small>(City or town and State)</small>
MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS
3 DATE OF DEATH 1 31 1973 <small>(Month) (Day) (Year)</small>		9 SEX Female
4 I HEREBY CERTIFY, that I attended deceased from 1/18/1973 , 19 to 1/31/1973 , 19 I last saw her alive on 1/31/1973 , 19, death is said to have occurred on the date stated above, at 11:30 a.m.		10 COLOR White
DEATH WAS CAUSED BY: IMMEDIATE CAUSE metastatic carcinoma of lungs and abdominal cavity		11 SINGLE (write the word) MARRIED WIDOWED DIVORCED UNKNOWN
(a) primary carcinoma -unknown site (b) 1970 (c) generalized		12 If married, widowed, or divorced HUSBAND of _____ <small>(Give maiden name of wife in full)</small> (or) WIFE of _____ <small>(Husband's name in full)</small>
OTHER SIGNIFICANT CONDITIONS arteriosclerotic heart disease-		13 AGE 87 Years 11 Months 28 Days If under 24 hours Hours _____ Minutes _____
Was autopsy performed? no		14 Usual Occupation Retired <small>(Kind of work done during most of working life)</small>
What test confirmed diagnosis? clinical		15 Industry or Business Self employed
5 Was disease or injury in any way related to occupation of deceased? If so, specify _____		16 Social Security No. 022-40-4837
(Signature) Dr. Mendoza M.D. (Address) 26 Queen St, Worcester Name 1/31/73 19 73		17 BIRTHPLACE (City) Butrymancy, Poland <small>(State or country)</small>
6 Notre Dame Cemetery Worcester Place of Burial or Cremation <small>(City or Town)</small> DATE OF BURIAL February 2 1973		18 NAME OF FATHER Vincent Meleski
7 NAME OF FUNERAL DIRECTOR Edwin A. McCrea for McCrea-Murphy ADDRESS 921 Main St Worcester		19 BIRTHPLACE OF FATHER (City) Poland <small>(State or country)</small>
8 Informant Harry Meleski -nephew (Address) 33 Hilltop Circle Worcester		20 MAIDEN NAME OF MOTHER Scholastyka (unkn.)
		21 BIRTHPLACE OF MOTHER (City) Poland <small>(State or country)</small>
		WHEREBY CERTIFY that a satisfactory medical certificate of death was filed with me BEFORE the burial or cremation was issued. (Signature of Agent Board of Health or other) Robert J. C. [Signature] (Official Designation) Commissioner of Public Health
		Received and filed FEB 2 1973 Robert J. C. [Signature] A TRUE COPY ATTEST:

321