

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

14658

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis* (No. *2127* *Class A*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **4237** St. Ward)

**2. FULL NAME**

(a) Residence. No. *2229* *Mullighy* St. *5* Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Jester*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *January 1926*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *About 71*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *at home*  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Poland*

(STATE OR COUNTRY)

10. NAME OF FATHER *Unknown Jasinski*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Poland*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Poland*

(STATE OR COUNTRY)

14. INFORMANT *Peter Jester*  
(Address) *2127 Class A*

15. FILED *APR 21 1926* *max. G. Starckoff*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 20* 19*26*

17. I HEREBY CERTIFY That I attended deceased from *2-3-* 19*26* to *4-19-* 19*26* and that I last saw him alive on *4-19-* 19*26* and that death occurred, on the date stated above, at *4:45 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cerebral Hemorrhage*  
*Apoplexy*  
*Enteric Salmon*

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. S. J. Nawrocki* M. D.

*4-20-1926* (Address) *1438 N 9th*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Calvary* *4-23 1926*

20. UNDERTAKER

ADDRESS

*Arthur J. Normandy* *2059 Washn*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

