

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

Do not use this space.

0122

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5231**) **Grace Ave**

File No. **1298**
Registered No. _____
St. _____ Ward _____

2. FULL NAME

ANASTASIA LUZYNSKI

(a) Residence. No. **5231 Grace** St. **15** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Ludwig Luzynski**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 14-1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | **10** | **20**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **House wif.**
(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 **Marion Zymin**

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

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Don't know**
(STATE OR COUNTRY)

14. INFORMANT **Louis Luzynski jr.**
(Address) **5054 Dewey**

15. FILED **FEB 19 1927** **Mal. G. Starcewicz**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 3 1927**

17. I HEREBY CERTIFY That I attended deceased from **Nov 8**, 19**26** to **Feb 3**, 19**27** that I last saw him alive on **2-23**, 19**27**, and that death occurred, on the date stated above, at **6:25** p.m.

THE CAUSE OR DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
4 1/2 B
4 1/2 W (duration) yrs. **3** mos. da.

CONTRIBUTORY (SECONDARY) **none**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **at home**
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **exam thim**
(Signed) **Chas. J. Reese**, M. D.
2/5, 19**27** (Address) **30146 1/2**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **S. J. Petros & Deal** DATE OF BURIAL **Feb. 7 1927**

20. UNDERTAKER **Central Ind Co** ADDRESS **1841 Cass**

... WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Mr. [unclear]

Armed. J. [unclear];

B. 1448