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

Do not use this space.

16892

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4845

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Katherine Sieranski

(a) Residence. No. 1425a N 12th St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: John Sieranski

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 30 1862

7. AGE: Years 64 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

PARENTS
10. NAME OF FATHER: Antoni Ruzicki
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Poland
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Henry Sieranski
(Address) 1425 N 12th St.

15. FILED MAY 23 1927 19 Mark Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 21st, 1927

17. I HEREBY CERTIFY, That I attended deceased from March 16th, 1927, to May 21, 1927, that I last saw her alive on May 21, 1927, and that death occurred, on the date stated above, at 11.55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cerebral hemorrhage
Apoplexy
82A
82D
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Previous cerebral hemorrhage with left hemiplegia (duration) yrs. 2 mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical course
(Signed) P.M. Rothman, M. D
5-23, 1927 (Address) 1454 Cass Ave.

*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: Calvary Cem. | DATE OF BURIAL: May 24 1927

20. UNDERTAKER: Central Med Co | ADDRESS: 1841 Cass

WRITE PLAINLY, 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.

Jd Rothman
15th Casa