

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

Do not use this space.

32256

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1603**

File No.....  
Registered No. **9667**  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. **1319 Sarsfield** St. **21** 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 27 = 1854**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>72</b>	<b>10.</b>	<b>6</b>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN)..... **Germany**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Frank Kwiatkowski**

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

12. MAIDEN NAME OF MOTHER **Dont know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **" "**  
(STATE OR COUNTRY)

14. INFORMANT **Mrs. Rose Budo**  
(Address) **1319 Sarsfield**

15. FILED **Oct 29 1927** **Max C. Startzoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 28<sup>th</sup> 1927**

17. I HEREBY CERTIFY, That I attended deceased from **September the 7<sup>th</sup>**....., 19**27**., to **September 27<sup>th</sup>**....., 19**27** that I last saw h. **alive** on **September 27<sup>th</sup>**....., 19**27**., and that death occurred, on the date stated above, at **1452 N. 15<sup>th</sup> St.**.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Bronchial Asthma non Tubercular**  
**112**  
(duration)..... yrs. mos. **28** da.

CONTRIBUTORY (SECONDARY) **105**  
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....  
WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Dr. Bernhard Pesler**, M. D.  
**Oct 28**, 19**27** (Address) **1452 N. 15<sup>th</sup> St.**

\*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** DATE OF BURIAL **Oct. 31<sup>st</sup> 1927**

20. UNDERTAKER **Ang. Brockland & Co.** ADDRESS **1421 N. 9<sup>th</sup> St.**

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.

RECORD

