

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

Do not use this space.

38845

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 18252 N. 20 1003) St. Ward

File No.
 Registered No. 11581
 St. Ward

2. FULL NAME

FRANCES JAN KOWSKI

(a) Residence. No. 18252 N. 20 St. 10 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adalbert

17. I HEREBY CERTIFY That I attended deceased from June 1, 1927, to Dec 22, 1927, that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of Stomach
M. B. (Leishman)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/11/1868
 7. AGE: YEARS 59 MONTHS DAYS If LESS than 1 day, hrs. or min.

CONTRIBUTORY (SECONDARY) Exhaustion (duration) 1 yrs. mos. ds.
1/4 (duration) 1 yrs. mos. ds.

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.....

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Tumor

(Signed) Weyman L. Watson M. D.

(Address) 12.22, 1927 27 28 N. 11 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.

10. NAME OF FATHER John Kowalski

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

12. MAIDEN NAME OF MOTHER Marie Kowalski

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery

DATE OF BURIAL Dec 27, 1927

14. INFORMANT John Kowalski
 (Address) 1155 E. Ashburn

20. UNDERTAKER Central

ADDRESS 18th & Cass

15. FILED DEC 27 1927 Max B. Starkloff
 REGISTRAR

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.

11.6. Pt. Louis Ave