

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

Do not use this space.

3532

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City, St. Louis (No. 3966 Schiller Pl) St. _____ (Ward)

File No. _____
Registered No. 1177

2. FULL NAME

Frances Podolsky
(a) Residence. No. 3966 Schiller Pl 15 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Podolsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Act 78

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Bohemia

10. NAME OF FATHER Frank Odehnal

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frances Nieland (Address) 3966 Schiller Pl

15. FILED 31 1028 May 10 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 28 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 10 1928 to Jan 28 1928 that I last saw her alive on Jan 28 1928 and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
41.75
41.6 Carcinoma of the stomach and liver.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 5

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical finding
(Signed) John C. Bruce, M.D.
Jan 25, 1928 (address) 5006 E. Morganfield

*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. S. Peter & Paul DATE OF BURIAL 1-31 1928

20. UNDERTAKER H. C. Moydell ADDRESS 1926 Allen Ave

NON-PAYING 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.

