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

Do not use this space. 3544

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 1190

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 622 Fassen St St. ..... Ward)

2. FULL NAME Bernice ZECZKOWSKI (RUSKIN)

(a) Residence. No. 622 FASSON 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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~~ Frank ZECZ

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	7	12	

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

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

PARENTS

10. NAME OF FATHER Raymond Brotkowski
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT Bernice Musielak
(Address) 622 Fassen St.

15. FILED FEB -1 1928 May C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30- 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1927, to Jan 30, 1928 that I last saw her alive on Jan 30, 1928, and that death occurred, on the date stated above, at 205 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis,
131
919 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? 8 IF NOT AT PLACE OF DEATH? 1294 A

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A H Mulach, M. D.

, 19 (Address) 7405 Mich Av

*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 St Peter & Paul Cem. DATE OF BURIAL Feb. 2 1928

20. UNDERTAKER Central Ind. Co ADDRESS S. 5401 Grand

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.

...INK—THIS IS A PERMANENT RECORD