

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

Do not use this space.

MAR 26 1928

6329

**1. PLACE OF DEATH**

County St. Louis Hospital No. 1170  
Township St. Mary Hospital Primary Registration District No. 6248H  
City Clayton Mo. (Richmond Hgt. Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 40  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

STEPHANIA GWILLIST  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1901

7. AGE YEARS 20 MONTHS 4 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Matias Gwillist

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

12. MAIDEN NAME OF MOTHER Anna Shiva

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

14. INFORMANT Sister M. Caschur  
(Address) Wagon St

15. FILED 2/20 1928 G. L. Jersam  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Feb 18, 1928 that I last saw her alive on Feb 18, 1928, and that death occurred, on the date stated above, at 5 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Embryonic acute  
71A 88B 5 weeks  
(duration) yrs. mos. da.  
CONTRIBUTORY General passive congestion  
(SECONDARY) 2 weeks  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Chicago Ill.  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Toxin

(Signed) A. Cleveland \_\_\_\_\_, M. D.

Feb 24, 1928 (Address) 3326 Meador 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 DATE OF BURIAL

S. H. Peter Paul Feb 21 1928

20. UNDERTAKER ADDRESS

Central 1841 Cass

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied.

Mt. Cleveland.

View 3925