

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

Do not use this space.

15170

14903

File No. 7  
Registered No. 4095  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003

(No. Home of Aged)

**2. FULL NAME**

Joseph Laskiewicz  
(a) Residence. No. 3209 Hebert St. St. 20 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male  
4. COLOR OR RACE: White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower of Mary Laska

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79      0      27

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Jacob Laskiewicz

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

12. MAIDEN NAME OF MOTHER Annie Krasnas

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

14. INFORMANT Sr. Ignace de Lopolu  
(Address) 3209 Hebert St

15. APR 13 1928 FILED Max C. O'Connell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1928, to April 15, 1928 that I last saw him alive on April 11, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

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

PSC Bronchopneumonia  
107# 90B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
CONTRIBUTORY Myocarditis chronic  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: NO DID AN OPERATION PRECEDE DEATH: NO DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS: Clinical Examination  
(Signed) Anthony A. Piekowski, M.D  
4/13, 1928 (Address) 1503 Cass Ave

\*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 Cemetery DATE OF BURIAL 4-14 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash

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.

