

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

15462

15193

File No. \_\_\_\_\_  
Registered No. **4400**  
Sub. No. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis Mo**

**2. FULL NAME**

(a) Residence. No. **2340 S 18th** St. **23** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 **Joseph Waligorska**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 16 - 1853**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**75 1 5**

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) **Poland**  
(STATE OR COUNTRY)

10. NAME OF FATHER **John Plewa**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Josephine Kostecka**  
(Address) **2340 South 18th St**

15. FILED **APR 23 1928**  
REGISTRAR **Max C. Stankoff**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 21 1928**  
17. I HEREBY CERTIFY, That I attended deceased from **Apr 2, 1928**, to **Apr 21, 1928**  
that I last saw him/her alive on **Apr 20, 1928**, and that death occurred, on the date stated above, at **3:50 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic Vascular Heart disease - Atherosclerosis**  
**92 1/2** (duration) yrs. mos. **20** da.  
**97** CONTRIBUTORY (SECONDARY) **90A** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAUGHT  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical & Phys. Exam**  
(Signed) **B. E. Heiple**, M. D.  
, 19 (Address) **3860 S. Bidway**

\*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 **Tamaroa Ill**  
**Dr. Kringer** DATE OF BURIAL **4-24 1928**

20. UNDERTAKER **J. S. Kringer** ADDRESS **Tamaroa**

WRITE PLAINLY, WITH UNFADING 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.

