

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.

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

Do not use this space.

22018

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

No. **1519 Benton St.**

File No.

Registered No. **6185**

St. Ward)

2. FULL NAME

(a) Residence. No. **1519 Benton** St., **26** 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 **Male** 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

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

June 9th 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **56 11 29**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Paper Hanging Decorator

(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

Michael Osinski

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Poland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

" "

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Mrs. Osinski 1519 Benton

15.

FILED

May 21 1928

Wm. C. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 8th 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 28th 1928** to **June 8th 1928** that I last saw him alive on **June 8th 1928**, and that death occurred, on the date stated above, at **9:30 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis (duration) yrs. mos. ds. **11**

CONTRIBUTORY **Arterio-Sclerosis** (SECONDARY) (duration) ? yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **Urinalysis & Hospital Examination**

(Signed)

E. H. Raithe, M. D.

June 9-1928 (Address) **3211 St. Louis 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

Calvary

DATE OF BURIAL

June 11th 1928

20. UNDERTAKER

Aug. Brockland & Co.

ADDRESS

1421 N. 9th St.

