

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

Do not use this space.

22090

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
Barnes Hospital

File No.
Registered No. 6262
St. Ward)

2. FULL NAME

(a) Residence. No. 2005 Victor St., 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? 31 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 Stella Adamick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 39

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

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

10. NAME OF FATHER Anton Adamick

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

12. MAIDEN NAME OF MOTHER Mrs. Adamick

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

14. INFORMANT Stella Adamick
(Address) 2005 Victor St

15. FILED JUN 12 1928 W. C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-4, 1928, to 6-11, 1928 that I last saw h. (X) alive on 6-11, 1928, and that death occurred, on the date stated above, at 3:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia 131
Chr. Diffuse nephritis
1290

CONTRIBUTORY (SECONDARY) Acute pericarditis yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy
(Signed) Robert E. Boardman, M.D.
, 19 (Address) Barnes Hsp

*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 Missouri Crematory DATE OF BURIAL June 13 1928

20. UNDERTAKER W. B. Moy dell ADDRESS 1936 Allen

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Robert Morris Diary