

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.

**1. PLACE OF DEATH**

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City .....

(No. 14259219)**791  
1003**

File No. ....

Registered No. **6348**

St. .... Ward)

**2. FULL NAME**Infant of Stanley & Marie Rynkowski(a) Residence. No. .... St. 2d 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)**Single**5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**June 13-1928**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 11 hrs. or 1 min.**8. OCCUPATION OF DECEASED**

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

infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

St Louis Mo**10. NAME OF FATHER**Stanley Rynkowski**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St Louis Mo**12. MAIDEN NAME OF MOTHER**Marie Keer**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St Louis Mo**14.**

INFORMANT

(Address) 14259 19**15.**

FILED

May 1929Stanley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 14 1928**17.**

I HEREBY CERTIFY That I attended deceased from 6-13-1928 to 6-14-1928 that I last saw him alive on 6-13-1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Immature Birth  
15 8 mos.  
15 1/2 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

Pneumonia  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

(Address)

Philo R. Foster, M.D.2505 N. Grand

\*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

**20. UNDERTAKER**

ADDRESS

Beussek-MehansJune 14 19281138 N 6

