

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.

22577

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 6000

City St. Louis(No. En. Route to City Hosp #1)

File No.

Registered No. 6801

St. Ward)

2. FULL NAME John Wolzinski(a) Residence. No. 1447 N. Broadway St. 25 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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)

July-18-1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

201110

8. OCCUPATION OF DECEASED

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

Auto Mechanic

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

General Motors

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Roman Wolzinski

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

12. MAIDEN NAME OF MOTHER

Katie Mrazek

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

14.

INFORMANT
(Address)Roman Wolzinski
Wagoner Ave

15.

FILED

19

May C. Starbuck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 28 1928

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at 1245 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

90% M.A.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... yes

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Kerne M.D.6/29/28 Dep. Coroner

*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

Warrenton Mo.

DATE OF BURIAL

6/30 1928

20. UNDERTAKER

Southern U.L.C.

ADDRESS

7315 S. Broadway

