

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

Do not use this space.

5676
File No. _____
Registered No. 03
St. _____ Ward)

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1730**, Benton, Mo.)

2. FULL NAME **MATHEWINE GUZINSKI**

(a) Residence, No. **1830 Benton** St., **26** 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 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 Anthony Guzinski

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **NOT 25-1866**

7. AGE
YEARS MONTHS DAYS
62 7 23
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife 48**
(b) General nature of industry, business, or establishment in which employed (or employer) **SM**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

10. NAME OF FATHER John Patalon

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

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

14. INFORMANT **Anthony Guzinski**
(Address) **1830 Benton St**

15. FILED **41 23 1928** **Max C. Stanley**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 18 1928**

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him/her alive on _____, 19____, at _____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombosis

CONTRIBUTORY (SECONDARY) **Subnormal heart**
(duration) _____ 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? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **James Henry Murphy, M.D.**
, 19____ (Address) **3402 W. 14th St**

*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 **S. S. Peter & Paul** **July 20 1928**
DATE OF BURIAL

20. UNDERTAKER **Central**
(ADDRESS) **1841 Cass**

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.

THIS IS A PERMANENT RECORD

