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

Do not use this space.

29276

File No. 29276

Registered No. 8797

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME 7745 John Pytlinski

(a) Residence. No. 3233 Pulaski St. 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1864

7. AGE: Years 63 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheet Iron
(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) Poland

PARENTS

10. NAME OF FATHER Stemis Pytlinski

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

14. INFORMANT Edward Hospital Information
(Address) City Hospital

15. FILED AUG 31 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1928, to Aug 29, 1928 that I last saw him alive on Aug 29, 1928 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophied Prostate 107A
Cystitis 137
Urinary retention 135B
Uremia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edward Helbing M. D

8/29, 1928 (Address) City Hospital

*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: St Peter & Paul
DATE OF BURIAL: Sept. 1 1928

20. UNDERTAKER: Central Ind Co
ADDRESS: 5401 S Grand

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.

...ERNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Oyttinski