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

Do not use this space.

31778

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St Louis (No. 1924 N 9th St. ..... Ward)

File No. .....

Registered No. 9028

2. FULL NAME Teophil Gacioch

(a) Residence. No. 1924 N 9 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8 1928

7. AGE: Years ..... Months 3 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(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

PARENTS

10. NAME OF FATHER: Teophil Gacioch

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

12. MAIDEN NAME OF MOTHER: Mary Daniszewska

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

14. INFORMANT: Teophil Gacioch (Address) 1924 N 9th

15. FILED SEP -8 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1928, to death, Sept. 7, 1928 that I last saw him alive on Sept. 5, 1928, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Gastro-enteritis (due to error of diet)

1136 (duration) — yrs. — mos. 5 ds.

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

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? Clinical diagnosis

(Signed) Edwin Sauter, M. D

Sept. 7, 1928 (Address) 1331 No. 7th 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: Calvary

DATE OF BURIAL: Sept 8 1928

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.

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