

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

Do not use this space.

32248

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 9558

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

**2. FULL NAME**

(a) Residence. No. 43078 S. Compton St.

(Usual place of abode)

15 Ward.

(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)

Sept. 11, 1888

7. AGE

YEARS 40

MONTHS —

DAYS 14

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)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Lachlans Kalmowski

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Poland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Daas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Poland

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Joseph Kalmowski  
43079 Compton

15.

SEP 27 1928  
FILED

Max C. Stanley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Sept. 25, 1928

I HEREBY CERTIFY That I attended deceased from June 15<sup>th</sup> 1928 to September 25<sup>th</sup> 1928 that I last saw him alive on September 20<sup>th</sup> 1928, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aortic Aneurysm.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Stenoscope.

Signed Albert Beiswirth, M. D.  
25<sup>th</sup>, 1928 (Address) 3548 S. Grand Bl.

\*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

St. Peter & Paul Ch. Sept 29, 1928

20. UNDERTAKER

ADDRESS

Central Ind. Co. 5401 S. Grand.

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

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.

Albert Biesbarth

Farmers & Merchant, B.B.

Grand & Gravis.