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

Do not use this space.

35193

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis Mo. Primary Registration District No. 1003

City ..... (No. 1015 Ofallon St. ..... St. ..... Ward)

File No. 10177

Registered No. .....

2. FULL NAME Katherine Nemec

(a) Residence. No. 1015 Ofallon 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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15-1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	1.	1.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife 13 10 A
(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 Pawel Krug
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Mary Czernowska
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT Antony Nemec
(Address) 1015 Ofallon

15. FILED OCT 17 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Oct-16th, 1928 that I last saw her alive on Oct 16th, 1928, and that death occurred, on the date stated above, at 10.55 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Parynchymatous Nephritis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A

9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos. P. J. Nawrocki, M. D.
10-16-1928 (Address) 1438 N-9th 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: Oct 18th 1928

20. UNDERTAKER: Aug Brockland Co.
ADDRESS: 1421 N. 9th St.

WHITE 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.