

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

Do not use this space.

43444

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis* (No. *906944*)

Registration District No. *791*  
Primary Registration District No. *1002*

File No.....  
Registered No. *12760*  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. *906944* 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) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 15 1861*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*67 2 9*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Labors.*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer *Bellefontaine Con.*

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

10. NAME OF FATHER *Joseph Jozwiak*

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 (Address) *Paul Jozwiak 906944 St. Louis*

15. FILED *27 1928* REGISTRAR *Walter Harkley*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 24 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 23* 19*28* to *Dec 24* 19*28* that I last saw him alive on *Dec 24* 19*28*, and that death occurred, on the date stated above, at *6:35 P. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Lobar Pneumonia*  
*1010 131*  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Chronic Bronchitis*  
*Nephritis*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Home*  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

19. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Physical Chemical*  
(Signed) *Geo. C. Cook* M. D.

*Dec 25 1928* (Address) *1809 2109 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 *Coburn* DATE OF BURIAL *Dec 28 1928*

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

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.

