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

Do not use this space.

4835

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 100 North Market St St. ..... Ward)

File No. .....

Registered No. 1529

2. FULL NAME Adam Lapinski

(a) Residence. No. 100 North Market 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15th 1881.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	5	16	

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

39

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rus. Poland

20

PARENTS

10. NAME OF FATHER: Joseph Lapinski

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

20

12. MAIDEN NAME OF MOTHER: Mary Kenjerska

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

20

14. INFORMANT: Julia Lapinska
(Address) 100 N Market St

15. FILED FEB -1 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31st 1929

17. I HEREBY CERTIFY, That I attended deceased from JAN-29TH, 1929, to JAN-30TH, 1929 that I last saw him alive on JAN-30, 1929, and that death occurred, on the date stated above, at 3:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

LOBAR-PNEUMONIA

10X

75B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) CHRONIC • ALCOHOLISM

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1010

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos R J. Nawrocki, M. D

1-31-1929 (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: Feb 2nd 1929

20. UNDERTAKER: Aug Brockland L&A Co.

ADDRESS: 1421 N. 9 St.

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.

THIS IS A PERMANENT RECORD