

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

Do not use this space.

8105

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.
Primary Registration District No.
(No. 2316^e N 9th)

File No.
Registered No. 1757
St. Ward)

2. FULL NAME

STANISLAUS DIELAWSKI

(a) Residence. No. 2316 N 9th 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 4 1929 to Feb 4 1929 that I last saw him alive on Feb 4 1929 and that death occurred, on the date stated above, at 2:45 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1868

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 29

Chronic Myocarditis
930

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

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

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Peter Dielawski

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Not known

WHAT TEST CONFIRMED DIAGNOSIS Jan. Chywicki

(Signed) Jan. C. Creamer, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

Feb 5 1929 (Address) 2504 N 14th 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.

14. INFORMANT Frank Dielawski (Address) 2316^e N 9th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cabary DATE OF BURIAL 2-9-1929

15. FILED 19 REGISTRAR W. J. ...

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.

51
20
20
31

