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

Do not use this space.

12349

File No.
Registered No. 2869

791

1. PLACE OF DEATH

County
Township
City Anderson Ben Hos. (No. 3933 So Broadway St. Ward)
Registration District No. 10002
Primary Registration District No.

2. FULL NAME WLADISLAU SATEJA

(a) Residence. No. 2013 Park St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florentine Sateja

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	7	

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

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

PARENTS
10. NAME OF FATHER Casimir Sateja
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Dorothy Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dorthenon

14. INFORMANT Leo Wisniewski
(Address) 2232 Madison

15. FILED [illegible] 19[illegible] [illegible] Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1929, to March 3, 1929, that I last saw him alive on March 2, 1929, and that death occurred, on the date stated above, at 9.10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar pneumonia

108

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Alex Bethel Hosp
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Vygird, M. D
March 4 1929 (Address) 1873 Carson

*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 Mar. 6 1929
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.

Dr. Vigg