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

Do not use this space.

12836

File No. 12836

Registered No. 3377

1. PLACE OF DEATH

County

Township

City St Louis (No. 2007 Madison St St. Ward)

Registration District No. 79

Primary Registration District No. 100

2. FULL NAME THEODORE MITULSKI

(a) Residence. No. 2007 Madison St., 20 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: Mary Mitulski

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-1-1866

7. AGE: YEARS 62 | MONTHS 8 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Martin Mitulski

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

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Mrs Mary Mitulski
(Address) 2007 Madison

15. FILED 16 1929 Ray C. Tarkin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 15 1929

17. I HEREBY CERTIFY, That I attended deceased from FEB 1ST, 1929, to MARCH-12, 1929 that I last saw him alive on MARCH-12, 1929, and that death occurred, on the date stated above, at 10.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

MITRAL-INSUFFICIENCY

82A

95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): CARDIAC ASTHMA

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

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

3-17-29 (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: 3-19-1929

20. UNDERTAKER: Central Ind Co

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.

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Dr. Kiawroda