

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3018 N. Newstead A) St. Ward

File No. 13060
Registered No. 3610
St. Ward

2. FULL NAME

JACOB SIKARZYNSKI
(a) Residence. No. 3018 N. Newstead St. 10 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 7 26

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

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

10. NAME OF FATHER Jacob Szarynski

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

12. MAIDEN NAME OF MOTHER Kathen Bachor

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

14. INFORMANT (Address) Mrs. L. Czarnits
3018 N. Newstead

15. FILED 21 19 Mar Starling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1929

17. HEREBY CERTIFY, That I attended deceased from March the 1th, 1929, to March the 22th, 1929, that I last saw him alive on March the 22th, 1929, and that death occurred, on the date stated above, at 10.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pericarditis

5015
5715 (duration) yrs. mos. 22 ds.

CONTRIBUTORY Chronic Rheumatism (SECONDARY) (duration) 3 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 AUTOB? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Reinhold Pascher, M. D.
March 22 1929 (Address) 1452 N. 15 Sts

*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 25 1929

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.

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Mr. Cassler.