

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

Do not use this space.

13078

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **3635**
St..... Ward)

2. FULL NAME

(a) Residence No. **1611 Blair St.** Ward. **24**

Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 26 1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
55 1 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Lumber**
(b) General nature of industry, business, or establishment in which employed (or employer). **Scrap yards**
(c) Name of employer

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

10. NAME OF FATHER **Stanlaw Sedosky**

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

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

14. INFORMANT (Address) **E. Resnick, 1003 E. 12th St., St. Louis**

15. FILED **1929** REGISTRAR **W. C. Standley**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 23 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1** 19**29** to **Mar 23 29** that I last saw him alive on **Mar 23 29**, and that death occurred, on the date stated above, at **10:20 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Excision of the head of the femur
4 1/2 yrs. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **49** (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. J. Sturtevant** M. D.
1929 (Address) **1003 E. 12th 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 **Mar 26 1929**

20. UNDERTAKER **Aug/Brockland R & Co** ADDRESS **1421 N. 9th 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.

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Sedosty