

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

Do not use this space.

10417

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 7008
 City St. Louis (No. 2922 Belt) St. Ward)

File No.....
 Registered No. 2399

2. FULL NAME

John (Mostoway) Mostoway
 (a) Residence. No. 2922 Belt St. 6 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 Rosa Mostoway

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 8 13

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

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

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Mr. John Stotyc
 (Address) 2922 Belt Ave

15. FILED 1930 REGISTRAR W. E. Starnes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1930

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1930, to March 4, 1930 that I last saw him alive on March 6, 1930, and that death occurred, on the date stated above, at 5:55 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Broncho-pneumonia

CONTRIBUTORY (SECONDARY) Senile
 (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) Claude S. Gibson M. D.

3/8, 1930 (Address) St Louis Mo

*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 10 1930

20. UNDERTAKER W. H. & W. C. 2707 N Grand ADDRESS

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.

