JUN 24 1930

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

Do not use this space.

15435

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 44

City St. Joseph (No. Armour And Co. St. Ward)

2. FULL NAME Frank C Wieczorek

(a) Residence. No. 1206 South 26 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Margaret C.Wieczorek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 28,1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	39	5	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman Cheese Dept.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Armour & Col

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Casmer Wieczorek

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

12. MAIDEN NAME OF MOTHER Sophia Zlyniski

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

14. INFORMANT Mrs Margaret Wieczorek
(Address) 1206 So.26 Street

15. FILED 5-10 1930 J J Banshach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 3/15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries received in Explosion at Armour Packing Co. Cause of explosion unknown

194B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 202

(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) B.W. Todeck Coroner, M. D.

May 10, 1930 (Address) St Joseph 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	DATE OF BURIAL
Mt.Olivet Cemetery	May 12 1930
20. UNDERTAKER H. C. Sidenfaden	ADDRESS 1802 Union 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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