

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

Do not use this space.

28203

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township St. Louis No. Primary Registration District No. 1003  
City City Hospital

File No.....  
Registered No. 8045  
St. .... Ward)

**2. FULL NAME**

Frank Skredynski  
(a) Residence. No. 1801 N. Market. St. 26 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30<sup>th</sup> 1896

7. AGE YEARS MONTHS If LESS than 1 day, hrs. or min.  
34 2 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Skredynski

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

12. MAIDEN NAME OF MOTHER Kate Zibura

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

14. INFORMANT Joseph Skredynski  
(Address) 3517 Blair Ave.

15. FILED Aug 11 1939 Wm C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930

17. No Physician in attendance  
I HEREBY CERTIFY, That I attended deceased from ..... 19..... to..... 19.....

that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 2:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

In solution

CONTRIBUTORY (SECONDARY) 1914 (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. W. Conover, M.D.

Address Dep. Coroner

\*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 St. Peter & Paul DATE OF BURIAL Aug. 13<sup>th</sup> 1930

20. UNDERTAKER Aug. Brookland & Co. ADDRESS 1421 N. 9<sup>th</sup> 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.

