

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

Do not use this space.

31267

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **1003**
 City, **St. Louis** (No. **2502 PALM**) St. Ward)

File No.
 Registered No. **8865**
 St. Ward)

2. FULL NAME

ANDREW SZYDLOWSKI

(a) Residence. No. **2502 Palm** St. **70** 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

MARY SZYDLOWSKI

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

Nov. 30 - 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	9	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Cabinet maker**

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

(c) Name of employer **Missouri Ins. Co**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Poland**

10. NAME OF FATHER

Peter Szydowski

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

Walter Szydowski

(Address) **3806 Bessie**

15. REGISTERAR

Walter Szydowski
 SEPA FILED 11-15-30

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 9 1930**

17. I HEREBY CERTIFY, That I attended deceased from January 29, 1929, to Sept 8, 1930 that I last saw him alive on Sept 8, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Wremia
131
137 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Chrom nephritis**

(duration) **3** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

0 12900
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Marion Wachowitz, M.D.**

Sept 10, 1930 (Address) 1824 Cass ave

*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

Cabary

Sept 12 1930

20. UNDERTAKER

ADDRESS

Central

1871 Cass

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

