

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

Do not use this space.

31398

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township **St. Louis**

Primary Registration District No. **1003**

City **St. Louis** (No. **1501**)

File No.
Registered No. **9004**
St. Ward)

2. FULL NAME

KASIMIER SZCZEPANSKI

(a) Residence. No. **1501 Palm** St. **26** Ward.

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. (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 (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF **Wladyslawa Szczepanska**

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

March 13 1878

7. AGE

YEARS **52** MONTHS **6** DAYS **-**

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED*

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

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

(c) Name of employer **Mississippi Gas Co**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Poland**

10. NAME OF FATHER

John Szczepanski

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Poland**

12. MAIDEN NAME OF MOTHER

Maria Reyman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Poland**

14.

INFORMANT **Wladyslawa Szczepanska**

(Address) **1501 Palm St.**

15.

FILED **SEP 16 1930** **W. C. Harkley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 13 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 1 1930** to **Sept 13 1930** that I last saw h. **alive on Sept 13 1930**, and that death occurred, on the date stated above, at **6 p. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
MIYOCARDIAL INFARCTION
from endocarditis
from rheumatism (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

Phlebotomy (duration) **1** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF **2**

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **clinical exam.**

(Signed) **W. C. Harkley** M. D.

9/15, 1930 (Address) **2303 W 15th**

*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

Coburn

DATE OF BURIAL

SEP 17 1930

20. UNDERTAKER

Central

ADDRESS

184, Cass

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.

Dr Peeler, 5th Benton
7-8 Benton

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