

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

Do not use this space.

38033

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1009
City Alexander Bros Hospital St. Ward)

File No.
Registered No. 11187
St. Ward)

2. FULL NAME DAN TAFALOWSKI

(a) Residence, No. 1200 Monroe 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 Marguerite Rofelowska

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 11 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Meat Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) In Business
(c) Name of employer For Self.

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

10. NAME OF FATHER Anthony Rofelowski

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

12. MAIDEN NAME OF MOTHER Frances Zajkowski

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

14. INFORMANT Stanley Rofelowski

(Address) 1204 Monroe

15. FILED 26 1930 W. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1930 to Nov 24 1930 that I last saw her alive on Nov 24 1930 and that death occurred, on the date stated above, at 4:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobor
101 W 10th (duration) 12 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
Hypertension (duration) 6 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? Tobacco
(Signed) E. J. Judd, M. D.
1930 (Address) Alex Bros

*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 Cabany DATE OF BURIAL 11-28-1930

20. UNDERTAKER Central ADDRESS 1841 Cass.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. ~~Wadley~~
House Physician