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.

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

Do not use this space.

41373

File No. 12052

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3825 Kennerly St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME THEODORE OLEKSY

(a) Residence. No. 3825 Kennerly St., 11 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 ANNA OLEKSY

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	8	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Moulder 115A 36

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

(c) Name of employer: Charter Oak Stove Co

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

PARENTS

10. NAME OF FATHER: Stanislaus Oleksy

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

12. MAIDEN NAME OF MOTHER: Veronika Lemanski

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

14. INFORMANT: Mrs Anna Oleksy
(Address) 3825 Kennerly Ave

15. FILED DEC 26 1930 Max O. Harden REGISTRAR

MEDICAL CERTIFICATE OF DEATH (Div. 13)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 23, 1930 that I last saw him alive on Dec 23, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ingalmia (General)

Peritonsillar Abscess

(duration) ~~yrs.~~ mos. 7 ds.

CONTRIBUTORY (SECONDARY): Non Diphteretic

(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? Physical Findings

(Signed) Jim Pernstorff, M. D.

, 19 (Address) 5489 Arlington

*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: Calvary Cem.

DATE OF BURIAL: Dec 27 1930

20. UNDERTAKER: Central Ind Co

ADDRESS: 1847 Pass