

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

Do not use this space.

16571

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3225 Pulaski**)

File No. ....

**5094**

Registered No. ....

St. .... Ward)

**2. FULL NAME** **ANDREW STYS**

(a) Residence. No. **3225 Pulaski** St., **15** 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**

**FRANCES STYS**

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

**Oct 22-1872**

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, ..... hrs. or ..... min.

**58**

**6**

**5**

**8. OCCUPATION OF DECEASED**

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

**Wagon Maker**

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

**Wheel mfg. Gusting Co**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Poland**

**10. NAME OF FATHER**

**Frank Stys**

**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**

(Address)

**Francis Stys**

**3225 Pulaski**

**15. FILED**

..... 19.....

**Wm C. Hankin**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **April 27 1931**

**17. No Physician at all done**  
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., and that death occurred, on the date stated above, at....., m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**1620**  
**Cardiac Arid Poisoning (self-administered) at residence** (duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**8** DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **J. J. Murray** M.D.  
**4/28/31** (Address) **City of St. Louis**

\*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**

**S. S. Peter & Paul**

**April 30 1931**

**20. UNDERTAKER**

ADDRESS

**Central**

**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.

Quint