

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

Do not use this space.

23477

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1008

City St. Louis (No. City Hospital)

St. City Hospital Ward

File No.

Registered No. 6988

2. FULL NAME

(a) Residence, No. 1305 N. 11th St. 25 Ward 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 Eva Augustynick

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

7. AGE YEARS 42 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Co. 44

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME March Augustynick

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

15. MAIDEN NAME Mary Dufrenoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital Information Dept. 1841 Cass St. City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Celony DATE June 25 1931

19. UNDERTAKER (ADDRESS) 211 Cass St.

20. FILED 21 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1931

22. I HEREBY CERTIFY, That I attended deceased from May 18 1931, to June 23 1931. I last saw him alive on June 23 1931. Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
2:55 P.m.
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Sp. sm. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Walter Ledwithnes, M. D.
(Signed) City Hospital
(Address)

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.

MAINTAINED RESERVED FOR BUREAU

NO. 1.

August 1911