

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

30143

Registered No. **301439218**

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... Lower Lake Park St. Ward)

2. FULL NAME

Harry Prozak
4064 1/2 Flat on

(a) Residence, No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Prozak

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1886 March

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
45 about 45 years

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture
(c) Name of employer

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

10. NAME OF FATHER Nikolas Prozak

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Mrs. Anna Prozak
(Address) 4064 1/2 Flat

15. FILED 31 1931 May C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30, 1931
17. W. J. Kysner in attendance
I HEREBY CERTIFY, That I attended deceased from
....., 19....., to
....., 19....., and that I last saw h..... alive on
....., 19....., and that death occurred, on the date stated above, at.....
6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot Wound of Head (self-inflicted) in Lower Lake Park, St. Louis, Mo.

CONTRIBUTORY (SECONDARY) suicide

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner M.D.
8/31, 1931 (Address) St. Charles

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. P. & P. Cemetery DATE OF BURIAL Sep 15, 1931

20. UNDERTAKER Charles Und. ADDRESS 2127 Allen

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.

United States Standard Certificate of Death

S. Census and American Public Health Association.)

of Occupation.—Precise statement of every important, so that the relative various pursuits can be known. The to each and every person, irrespec many occupations a single word or line will be sufficient, e. g., *Farmer or* *tan, Composer, Architect, Locomo-* *Civil Engineer, Stationary Fireman,* any cases, especially in industrial em necessary to know (a) the kind of (b) the nature of the business or in- before an additional line is provided tement; it should be used only when mples: (a) *Spinner, (b) Cotton mill,* (b) *Grocery, (a) Foreman, (b) Auto-* The material worked on may form second statement. Never return reman," "Manager," "Dealer," etc., reise specification, as *Day laborer,* *aborer—Coal mine, etc.* Women at engaged in the duties of the house- paid *Housekeepers* who receive a , may be entered as *Housewife,* t home, and children, not gainfully t school or *At home.* Care should port specifically the occupations of l in domestic service for wages, as *Housemaid, etc.* If the occupation ed or given up on account of the G DEATH, state occupation at bes- ss. If retired from business, that adicated thus: *Farmer (retired, G* ons who have no occupation what- ve.

of Cause of Death.—Name, first, the DEATH (the primary affection with and causation), using always the rm for the same disease. Examples: *ver* (the only definite synonym is brospinal meningitis"); *Diphtheria* *roup"); Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-* *pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.,* *Carcinoma, Sarcoma, etc.,* of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough,* *Chronic valvular heart disease; Chronic interstitial* *nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drown-* *ing; struck by railway train—accident; Revolver wound* *of head—homicide; Poisoned by carbolic acid—prob-* *ably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus,* may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.