

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

Do not use this space.

3040

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1451 Monroe) St. Ward.....

File No.
 Registered No. 769
 St. Ward.....

2. FULL NAME

STANLEY DYLEWSKI, STP
 (a) Residence, No. 1451 Monroe St., 26 Ward.....
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Dylewski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 - 1886</u>		
7. AGE	YEARS	MONTHS
<u>45</u>	45	<u>1</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Labourer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pumia Mills</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>4 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
13. NAME <u>Simon Dylewski</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
15. MAIDEN NAME <u>Sabine Pogorzelska</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
17. INFORMANT <u>Francis Dylewski</u> (ADDRESS) <u>1451 Monroe St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cadaver</u> DATE <u>Jan 25 1932</u>		
19. UNDERTAKER <u>Central Bur. Co</u> (ADDRESS) <u>1841 Grand</u>		
20. FILED <u>Jan 24 1932</u> <u>Max C. Starkey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1932
 22. I HEREBY CERTIFY That I attended deceased from January 19th, 1932, to Jan 21st, 1932
 I last saw him alive on Jan the 19th, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cirrhosis of the Liver

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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..... (1)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Dr. Reinhold Parulis, M. D.
 (Address) 3318 S. Grand av

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.

1886

Mr. Peabody