

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

Do not use this space.

6177

1. PLACE OF DEATH
 County St. Louis Mo. Registration District No. 791
1003
 Township De Paul St. Paul Primary Registration District No. 1003
 City De Paul St. Paul St. 1202 Ward 1202

2. FULL NAME John Studniski (114 DEFS)
 (a) Residence, No. 926 La Baume St. (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 7 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) 1

10. NAME OF FATHER John Studniski

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poland (STATE OR COUNTRY) 20

12. MAIDEN NAME OF MOTHER Anna Jankowska

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

14. INFORMANT G. Burr - Registrar (Address) De Paul St. Paul

15. FILED 5-15-32 Wm C. Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1932 to Feb 3, 1932 that I last saw him Alive on Feb 3, 1932 and that death occurred, on the date stated above, at 545 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108
 (duration) yrs. mos. 9 ds.
 CONTRIBUTORY (SECONDARY) 108
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 926 La Baume St

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Wm Jankowski M. D.

2067 19 32 (Address) 1943 N 11 St.

*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

Cemetery Feb 6 1932
 20. UNDERTAKER Central ADDRESS 1841 Cass

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

