

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

Do not use this space.

6568

1. PLACE OF DEATH

County _____
Township _____
City St. Louis Mo. (No. _____)

Registration District No. 791
Primary Registration District No. 1009
Sanitarium

File No. _____
Registered No. 1640
St. _____ Ward _____

2. FULL NAME

Frances Piosik
(a) Residence, No. 2003 1/2 Cass St. 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28, 1895</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>2</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Anthony Wierzbicki</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
MOTHER	15. MAIDEN NAME <u>Katharina Jablonski</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT <u>William T. Gutter M.D.</u> (ADDRESS) <u>5400 Grand St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabarrus</u> DATE <u>Feb 20, 1932</u>		
19. UNDERTAKER <u>Deitel Bros</u> (ADDRESS) <u>1840 Cass St</u>		
20. FILED <u>FEB 19 1932</u> <u>Ray E. Parker</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Feb 16, 1932
I last saw him alive on Feb 16, 1932. Death is said to have occurred on the date stated above, at 11:45 AM.
The principal cause of death and related causes of importance were as follows:
General paralysis of the insane.
Date of onset 6 mo +

Other contributory causes of importance:
less
83
34
83
6 mo +

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ D

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) William T. Gutter M. D.
(Address) 5400 Grand St.

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.

