

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

Do not use this space.

10698

1. PLACE OF DEATH

County St. Louis Registration District No. 10 File No. 2769
 Township St. Ann's Primary Registration District No. 2769 Registered No. 2769
 City St. Louis (No. 10 Page 2 St. Ann's 10) Ward 10

2. FULL NAME TRITA M. MARCHLEWSKI

(a) Residence, No. 3227 PULASKI St., 15 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 20-32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or min. 16 9 15 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1691
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1570
 10. Date deceased last worked at this occupation (month and year) 15.9 11. Total time (years) spent in this occupation 15.9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 15.9

FATHER 13. NAME Victor Edward Kurski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER 15. MAIDEN NAME Julia Nawrocki

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

17. INFORMANT Victor Nawrocki (ADDRESS) 3227 Pulaski

18. BURIAL, CREMATION, OR REMOVAL PLACE Cadway DATE Mar 23 1923

19. UNDERTAKER (ADDRESS) Central Burial Co. Inc. 1841 Cass Ave.

20. FILED MAR 22 1932 W. C. Rankin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to March 21, 1932. I last saw her... alive on March 21, 1932. Death is said to have occurred on the date stated above, at 8 a. m.

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

acute myocarditis (about 28 weeks gestation) 1
 Other contributory causes of importance: Placenta praevia.

Name of operation induction of labor Date of 3/20/32
 What test confirmed diagnosis? 1 Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 1 Date of injury 19
 Where did injury occur? 1 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify 1
 (Signed) Percy H. Swahler, M. D.
 (Address) St. Ann's Hospital, St. Louis.

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

