

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

Do not use this space.

14639

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. No. 1327 N. 20 St.

File No.
Registered No. 4028
St. Ward)

2. FULL NAME

(a) Residence, No. 1327 N. 20 St. St. 21 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 9.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 113

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Department

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Sygnatz Chorowski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 51

17. INFORMANT Mike Chorowski (ADDRESS) 1327 N. 20 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coakway DATE April 26 1932

19. UNDERTAKER Brockland L & Co (ADDRESS) 1421 N. 9 St.

20. FILED APR 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1932 to April 23rd 1932
I last saw him alive on April 23rd 1932. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

13! Chronic Paralytic Nephritis

Other contributory causes of importance: 131

Name of operation..... Date of.....

What test confirmed diagnosis? allison's 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.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify

(Signed) Dr. Reinhold Resler, M. D.
(Address) 3314 S. Grand Blvd.

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.

