

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

Do not use this space.

14888

File No. _____
Registered No. **4301**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 70
Township _____ Primary Registration District No. 100
City St. Louis (No. 1322 7 20)

2. FULL NAME NICHOLAS JABLOYSKI

(a) Residence, No. 1322 7 20 St. 21 Ward _____

(Usual place of abode)

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WIFE OF <u>Anna Jablowski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 - 1857</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
	DAYS <u>23</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>Labour</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Quilting Co. Etc.</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <u>9 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
FATHER	13. NAME <u>Lawrence Jablowski</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
MOTHER	15. MAIDEN NAME <u>Katlein Majewski</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT (ADDRESS) <u>Dr. Ignacy Proszynski</u> <u>1322 7 20</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coburn</u> DATE <u>May 4 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Central Burial</u>		
20. FILED <u>MAY - 2 1932</u> <u>W. J. Stanley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1932

22. I HEREBY CERTIFY, that I attended deceased from March the 15th, 1932 to April the 29th, 1932
I last saw him... alive on April the 29th, 1932. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Osteomyelitis
Date of onset 15 1932

Other contributory causes of importance: 154

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 0

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. Remondold Bessler, M. D.
(Address) 3318 B. Grand Blvd

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.

