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.

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

Do not use this space.

14890

1. PLACE OF DEATH

County ..... Registration District No. 5901 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4303

City St Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME PAUL MELKOWSKI

(a) Residence, No. 1439 N 21 St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 JOSEPHINE MELKOWSKI

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 18, 1872

7. AGE YEARS 59 MONTHS 7 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker 28

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HUTTIG - SASH & DOOR CO

10. Date deceased last worked at this occupation (month and year) About 3 yrs

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland. 20

FATHER

13. NAME IGNAC. MELKOWSKI

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

MOTHER

15. MAIDEN NAME ANNA MACZKOWSKI

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

17. INFORMANT (ADDRESS) Josephine Melkowski 1439 N 21

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 5-3-1932

19. UNDERTAKER (ADDRESS) Central Ind. Co 1841 Cass Ave

20. FILED MAY -2 1932 19 Max C Starkey Registrar. 4/30/32

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ..., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:25 a.m.

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

Shock & Injuries Haemorrhage Due to Fractured Skull received in falling from bed at Hospital

Date of onset 157

Other contributory causes of importance: Accident

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 4-30, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Fall from Bed

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. W. Keener

(Address) Dep. Corner