

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City..... (No. 1 Route City Hospital St. 1 Ward) 4443

2. FULL NAME STANISLAUS PASEK
(a) Residence No. 2704 LEMP St. 23 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 <u>Male</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 <u>Mary Pasek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 23 - 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>-</u>
	DAYS <u>11</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>Painter 70</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>American Car Co</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation <u>20 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland 20</u>		
FATHER	13. NAME <u>Paul Pasek</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
MOTHER	15. MAIDEN NAME <u>Julia Kozak</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mary Pasek 2704 Lemp St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. P. Paul</u> DATE <u>5-7-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Central Burial Co. 1841 Bass St</u>		
20. FILED <u>7-11-1932</u> <u>Max C. Starkloff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased (from Chronic Myocarditis)
....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:
930

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? L 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 No Injury
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Chronic Myocarditis
(Signed) J. J. G. 1932
(Address) Deputy Registrar

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.

MARGIN RESERVED FOR BINDING

V. No. 2.

