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.

21138

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5688

City St Louis Mo. (No. 1320 Sarsfield Place St. ..... Ward)

2. FULL NAME MARY PACANOWSKI

(a) Residence, No. 1320 Sarsfield Place 25 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 Female
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 Stanley Pacanowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1870

7. AGE YEARS 61 MONTHS 9 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Poland 20

FATHER
13. NAME Frank Zerojewski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Do not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know 31

17. INFORMANT (ADDRESS) Stanley Pacanowski 1320 Sarsfield place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE June 17, 1932

19. UNDERTAKER (ADDRESS) Central Undertaking Co 1821 Cass ave

20. FILED JUN 30 1932 19 Max C Starkey Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932, to June 13, 1932
I last saw her alive on June 13, 1932 Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy Cerebral Hemorrhage 95B 82A 95B

Date of onset

Other contributory causes of importance:
cardio-nephritis Chronic

(1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify .....
(Signed) Milton Wachowski, M. D.
(Address) 1824 Cassave

Wm. Wachowski