

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

Do not use this space.

21343

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Central Hospital) St. .... Ward)

**2. FULL NAME**

Stanislaus Gorski  
(a) Residence, No. 3342 Madison St., ..... 10 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) Widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1865 Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
abt 67 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 95  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box factory 12 20  
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation. 19 20

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frances Kralik 3345 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6-25-32

19. UNDERTAKER (ADDRESS) W. A. Moydell 1926 Wilkeson

20. FILED UN 23 15319 W. A. Moydell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1932 to June 22, 1932.  
Last saw him alive on June 21, 1932. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:  
Intestinal Obstruction Date of onset June 19/32  
Small Intestine Strangulated  
Peritonitis  
Other contributory causes of importance: 1/2 2/2

Name of operation Hernia (Injury) Date of June 21/32  
What test confirmed diagnosis? Chylocol 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? no  
If so, specify.....  
(Signed) John J. Howard M. D.  
(Address) Metropolitan Bldg

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.

