

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

Do not use this space.

27364

1. PLACE OF DEATH

County _____ Registration District No. 70
Township _____ Primary Registration District No. 5000
City St. Louis (No. 2011, case)

File No. _____
Registered No. 7845
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2011 case St. 26 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 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 Apolonia Gorski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-20 1875

7. AGE YEARS 57 MONTHS - DAYS 6 If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 190

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 10 y

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

13. NAME John Gorski

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

15. MAIDEN NAME Mary Mankowski

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

17. INFORMANT Mrs Apolonia Gorski (ADDRESS) 2011 case

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabarrus DATE Aug 29 1932

19. UNDERTAKER (ADDRESS) Central Ind. Co 1841 case

20. FILED Aug 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Aug 26, 1932. I last saw him alive on Aug 25, 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Carcinoma of Larynx
47A

Other contributory causes of importance: 47A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? Yes

If so, specify _____

(Signed) Arthur H. Ford, M. D.

(Address) 1701 Madison St

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.

Dr. post. 1801 Market St.