Rm #. 10 Central

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

Do not use this space.

33601

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 8867

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME John Dierea (proper Dzierwa)

(a) Residence, No. 1316 N 20th St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 Anna Dzierwa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1896

7. AGE Abt YEARS 55 MONTHS Unknown DAYS 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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland ~~Austria~~ Unknown

FATHER

13. NAME John Dzierwa ~~Unknown~~

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) W. F. McManus M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 10-5 1932

19. UNDERTAKER (ADDRESS) Central U.T.Co. 1841 Cass

20. FILED OCT -4 1932 19 Max C. Stackloff Registrar.

MEDICAL CERTIFICATE OF DEATH

N

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to Oct 1st, 1932

I last saw him alive on Oct 1st, 1932 Death is said to have occurred on the date stated above, at 11 00 p.m.

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

	Date of onset
Chronic Myocarditis	7/1/30 +
Other contributory causes of importance: Exploratory Operation nothing found	

Name of operation Laparatomy Date of 10-1-32

What test confirmed diagnosis? Clinical 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 ....., 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? .....

If so, specify .....

(Signed) William F. McManus, M. D.

(Address) 5400 Arsenal

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.