

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

Do not use this space.

33692

1. PLACE OF DEATH

County St. Louis Registration District No. _____

Township _____ Primary Registration District No. 10433

City St. Louis (No. 1812) O'Fallon St. _____ Ward _____

File No. _____

Registered No. 8984

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1812 O'Fallon St., 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. _____ ds. How long in U.S., if of foreign birth? 28 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Unioltowski

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About 44</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Confectionery

(b) General nature of industry, business, or establishment in which employed (or employer) 170

(c) Name of employer Himself

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

10. NAME OF FATHER Victor Unioltowski

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

12. MAIDEN NAME OF MOTHER Helena Mickowski

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT (Address) Stella Unioltowska
367 Tolson Ave

15. FILED OCT 10 1932 W. C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 8:49 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Asphyxiation due to fuel gas poisoning (self-administered)
St. Louis, Mo. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Suicide (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. J. Evans M.D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Oct. 11 1932

20. UNDERTAKER John A. Ogroski ADDRESS East St. Louis

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.

