

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

Do not use this space.

41679

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo. (No. 6 on Route City Hospital #1) St. Ward)

File No.
 Registered No. 10747

2. FULL NAME

VICTORIA LIPINSKI

(a) Residence, No. 1608 HOGAN ST. St. Ward. 26
 (Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Universal Paper Co
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME John Lipinski

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

MOTHER 15. MAIDEN NAME Mary Szychulski

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

17. INFORMANT (ADDRESS) Mrs J Lipinski 1608 Hogan

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 6 1932

19. UNDERTAKER (ADDRESS) Central Ind Co

20. FILED SEC - 5 1932 Max E. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from the physician in attendance 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:45 m.

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

Lobar Pneumonia
108

Other contributory causes of importance: 108 7

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

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..... Injury
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Dr. J. J. Sweeney M.D.
 (Address) Dep Cooper

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.

RECORD THIS IS A PERMANENT RECORD

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