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

Do not use this space.

42334

File No. 11466

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7011 10108

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital ..... St. ..... Ward)

#16068

2. FULL NAME Albert Dajak

(a) Residence, No. 1741 No. B 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: 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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: YEARS: abt 58 MONTHS: DAYS: If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

FATHER

13. NAME: unknown

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

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Dec. 26, 1932

19. UNDERTAKER (ADDRESS): J. H. Gebhen F.D. Co 2842 Nc Broadway

20. FILED DEC 24 1932 Mary C. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1932, to Dec. 22nd, 1932

I last saw him alive on Dec. 22nd, 1932. Death is said to have occurred on the date stated above, at 8:40 P.M.

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

	Date of onset
Chr. Myocarditis	
131	
92c	

Other contributory causes of importance:

Chr. Nephritis	

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical 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) Maurice A. Deiler, M.D.

(Address) City Hospital

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.

[illegible] WITH WRITING INK—THIS IS A PERMANENT RECORD