

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

Do not use this space.

42615

1. PLACE OF DEATH

County St. Louis Registration District No. 500 File No. 11759
 Township St. Louis Primary Registration District No. St. Kinghighway Registered No. 11759
 City St. Louis (No. 500) St. 26 Ward 26

2. FULL NAME

Margie Szyzanski
 (a) Residence, No. 15711 Hebert 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
 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) St. Louis Mo.

MOTHER 13. NAME Augusta Szyzanski

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

15. MAIDEN NAME Margaret White

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

17. INFORMANT J. M. Stein (ADDRESS) 15711 St. Kinghighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Dec 31, 1932

19. UNDERTAKER Chas. H. Stuart (ADDRESS) 1235 Water Garden

20. FILED 31 1932 19 Water Garden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-32 19
 22. I HEREBY CERTIFY, That I attended deceased from 12-28-32, 19....., to 12-29-32, 19.....
 I last saw her alive on 12-29-32, 19..... Death is said to have occurred on the date stated above, at 2:37 p.m.
 The principal cause of death and related causes of importance were as follows:

Septicemia, acute, bilateral Date of onset 12-28-32
typhoid
Anemia and dehydration
non Diabetic

Other contributory causes of importance 119
119 B
29 A D
119
119
119

Name of operation Serum Date of 12-26-32
 What test confirmed diagnosis? Serum 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) W. E. Keiter, M. D.
 (Address) 500 So. Kinghighway

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.

