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

Do not use this space.

3122

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township Coondolet — Primary Registration District No. 6248 B — Registered No. 9

City Jefferson Barracks (No. Veterans Administration Hospital St. ..... Ward)

2. FULL NAME Stanislaus Wisniewski

(a) Residence, No. 628 LaHarpe Street St., ... Ward. LaSalle, Illinois
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	8	17	

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. Unavailable

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unav. Illinois

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) C. H. SMITH, M. D., Veterans Adm. Hosp. Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Salle, Ill DATE 1-11 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister Wtr & Co 7814 So Broadway

20. FILED 1-7 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1932 to January 6, 1933

I last saw him alive on January 6, 1933 Death is said to have occurred on the date stated above, at 7:15a m.

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

	Date of onset
Tuberculosis, pulmonary, chronic, Far Advanced, active	

23A 23

Other contributory causes of importance:

Chronic catarrhal laryngitis, probably tubercular

Name of operation None Date of -

What test confirmed diagnosis? Clinical, physical & X-ray findings 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. C. GIBSON, M. D., Veterans Adm. Hosp.

(Address) Jefferson Barracks, Mo.

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.