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.

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

Do not use this space.

11727

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 2807

Township ..... Primary Registration District No. ..... Registered No. 2807

City St. Louis, Mo. (No. City Hospital #1 St. ..... Ward)

2. FULL NAME Alexander Walewski

(a) Residence, No. 175a St. George Street St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Anastasia Walewski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 1, 1867

7. AGE: YEARS 65 | MONTHS 5 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Prop. Soft Drink Parlor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (Retired)

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

11. Total time (years) spent in this occupation: 16 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

FATHER

13. NAME: Joachim Walewski

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Anastasia Walewski, 175a St. George Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SS. Peter & Paul DATE: March 25, 1933

19. UNDERTAKER (ADDRESS): Werck Bros, 2201 S. Grand Boulevard

20. FILED: MAR 24 1933, 19 Max C. Starkey, Registrar. 3/24/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21st, 1933

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Date of onset

Gunshot Wound of head (self-inflicted) at residence, while suffering temporary mental aberration

Other contributory causes of importance:

16 7 Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/21, 1933

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Gunshot Wound of head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold [illegible], M.D.

(Address) Deputy Coroner