

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

Do not use this space.

14419

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033-B
 City St. Louis 3934 Council Grove St. Ward)

2. FULL NAME BARBARA LAMKIEWICZ

(a) Residence, No. 3934 Council Grove 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Lamkiewicz</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 22-1857</u>					
7. AGE YEARS <u>82</u>		MONTHS <u>82</u>		DAYS <u>11</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>					
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) <u>Poland</u>					
13. NAME <u>John Kraus</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>					
15. MAIDEN NAME <u>Don't know</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>					
17. INFORMANT <u>Mrs. Rach. Urbanak</u> (ADDRESS) <u>3934 Council Grove</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Apr 6 1933</u>					
19. UNDERTAKER <u>Central City Co.</u> (ADDRESS) <u>1841 Ch. Ave.</u>					
20. FILED <u>4-5</u> 19 <u>33</u> <u>Green Dray M.D.</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3-1933

22. I HEREBY CERTIFY that I attended deceased from April 3 1933 to April 3 1933
 I last saw him or alive on 4-3-33, 1933 Death is said to have occurred on the date stated above, at 9:05 A.M.
 The principal cause of death and related causes of importance were as follows:
Hypertension
Coronary Sclerosis
 Date of onset ?

Other contributory causes of importance: Dr. Kraus

Name of operation None Date of None
 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? No Date of injury None, 1933
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) R. H. Furness, M. D.
 (Address) University City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 24 1933

University Club Bldg
Ph. 7675-

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