WHITE 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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21940

Township ..... Primary Registration District No. 1003 Registered No. 5791

City St Louis (No. 5042 Grace St. — Ward)

2. FULL NAME SIMON GALBIERZ.

(a) Residence, No. 5042 Grace St., 15 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? 50 yrs. — mos. —ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1850

7. AGE YEARS 82 MONTHS 6 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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.
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.

FATHER
13. NAME Joseph Galbierz
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) Joseph J. Galbierz 5042 Grace ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter Paul DATE 7-3-33

19. UNDERTAKER (ADDRESS) B. W. Finn 5401 S. Grand

20. FILED JUL -3 1933 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from MARCH-1st, 1933, to JUNE-30th, 1933

I last saw him alive on JUNE-30th, 1933. Death is said to have occurred on the date stated above, at 10 P m.

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

| | Date of onset |
|---|---|
| 94B | |
| 97 CORONARY-SCLEROSIS | |
| 107 ARTERIO-SCLEROSIS | |

Other contributory causes of importance: 94C

HYPERTENSION

Name of operation — Date of

What test confirmed diagnosis? SYMPTOMS 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) Jos. J. Nawrocki, M. D.
(Address) 1460 ST LOUIS AVE

2806 Rev[illegible]