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.

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

Do not use this space.
28464

1. PLACE OF DEATH

County ..... Registration District No. [illegible]
Township ..... Primary Registration District No. [illegible]
City St Louis Mo (No. 4527, Minnesota St. ..... Ward)

File No. .....
Registered No. 7042

2. FULL NAME HELEN DZWONKOWSKI

(a) Residence, No. 4527 MINNESOTA St. 15 Ward.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Joseph Dzwonkowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	8	16	

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. Housewife
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 Stephen Teichner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Catherine Michalek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Mr Joseph Bauer 4527 Minnesota

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8-16 1933

19. UNDERTAKER (ADDRESS) Central Und. Co 1841 Cass Ave

20. FILED AUG 15 1933, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 to 6 P.M., 19..., to Aug 12 6 P.M., 1933
I last saw her alive on Aug 12, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
82A

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Frank J. Lange, M. D.
(Address) 3924 S. Grand Blvd. [illegible]

So. Grand — 3924 So. Grand

Lac 0929

104 N 6th St

6.30