

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

Do not use this space.

31006

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. 791  
Primary Registration District No. 11123  
(No. 1845 O'Fallon)

File No.....  
Registered No. 7680  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1845 O'Fallon St., 21 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 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 77

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1933  
22. I HEREBY CERTIFY, That I attended deceased from JAN-1st, 1933, to SEPT-2nd, 1933  
I last saw her alive on SEPT-2nd, 1933. Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:

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. House wife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Date of onset  
BRONCH-PNEUMONIA  
10/12 97  
102  
Other contributory causes of importance  
HYPOTENSION  
ARTERIO-SCLEROSIS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
13. NAME John Kurovski  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland  
15. MAIDEN NAME Mary Kurovski  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation..... Date of.....  
What test confirmed diagnosis? S.Y.M.P.R.M. Was there an autopsy? NO

17. INFORMANT (ADDRESS) Paul Klamann  
1845 O'Fallon St.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cemetery DATE Sept 6 1933

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.....

19. UNDERTAKER (ADDRESS) Central Hall Co  
1845 O'Fallon St  
20. FILED SEP - 5 1933 J. F. Brebeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.....  
(Signed) J. P. Kurovski, M. D.  
(Address) 1460 - St Louis Ave

9-5-33

N. B.—EVERY ITEM OF INFORMATION ON THIS CERTIFICATE IS IMPORTANT. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact State and County.

RECEIVED SEP 20 1933

