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.

OCT 20 1933

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. 31391

Township ..... Primary Registration District No. 100 Registered No. 7826

City St Louis Mo (No. Barnes Hosp. St. ..... Ward)

2. FULL NAME Michael Rzaski

(a) Residence, No. 1227 N 9th St., IV Ward. E. St Louis Ill
(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? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1885

7. AGE YEARS 47 MONTHS 11 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour & Co Packing House

10. Date deceased last worked at this occupation (month and year) Sept 2, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

FATHER

13. NAME Michael Rzaski

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) Mary Rzaska 1127 N 9th St E. St Louis, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE St Adalberts Cemetery DATE Sept 9, 1933

19. UNDERTAKER (ADDRESS) Sedlacek Bros 910 Lynch E. St Louis Ill

20. FILED SEP 10 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-5-, 1933, to 9-8-, 1933

I last saw him alive on 9-8-, 1933 Death is said to have occurred on the date stated above, at 10:15 P.m.

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

	Date of onset
Myocarditis - Acute	9-8
137	
93A	
135B	

Other contributory causes of importance:
1) Hypo-tension
2) Cystitis

Name of operation Prost. Resection Date of 9-7

What test confirmed diagnosis? Cystoscopic 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) O J Wilhelmi, M. D.

(Address) Univ Club Bldg

St Louis, Mo