

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.

NOV 10 1933

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

Do not use this space.
34603

1. PLACE OF DEATH
 County Registration District No. **701**
 Township Primary Registration District No. **206**
 City **St. Louis** (No. **Evolution Hospital**) St. Ward

2. FULL NAME **Frank Piotrowski**
 (a) Residence, No. **45379 Athlow Ave** St. **9** 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 *Male* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 24, 1845*

7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<i>88</i>	<i>7</i>	<i>14</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired shoe repairer* ✓

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) *Germany*

13. NAME *Not Known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Not Known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Joe Brosiate*
(ADDRESS) *45379 Athlow Ave*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Bellefontaine Cemetery* DATE *Oct. 10, 1933*

19. UNDERTAKER *Math. Hermann & Son*
(ADDRESS) *2161 S. Grand Ave.*

20. FILED *10 1933* *J. Bredeck*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 8, 1933*

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at *9:40* A.M.

The principal cause of death and related causes of importance were as follows:
Encephalitis (Epidemic) Date of onset

Other contributory causes of importance: *17*

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify
 (Signed) *Harold K. Klueh* M. D.
 (Address) *St. Louis*

