

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

Do not use this space.

39174

85

1. PLACE OF DEATH
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1198

2. FULL NAME John Jacob Mirecki
 (a) Residence, No. 721 south 17 street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 18 53

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 1

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

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

10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

13. NAME Jacob Mirecki

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs J F Wisniewski (ADDRESS) 721 so. 17 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St Joseph Mo. DATE Dec 7 19 33

19. UNDERTAKER M. D. Sidorowicz (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 12-6-1933 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1933 to Dec 3 1933

I last saw him alive on Dec 3 1933 Death is said

to have occurred on the date stated above, at 2:10 P

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

Bron Pneumonia Date of onset Nov 30
1933
174B
107A
 Other contributory causes of importance:
Cerebral Hemorrhage
Arteriosclerosis
Hypertension

Name of operation none Date of _____
 What test confirmed diagnosis? Aut Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc Date of injury 11-26 1933

Where did injury occur? 721 so 17 St Joseph (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fell out of bed

Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Frank Anderson M. D.

(Address) Denker Street 1344

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.

JAN 8 1934



1944-1945

1946-1947

1948-1949

1950-1951

1952-1953

1954-1955

1956-1957