

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

Do not use this space.

MAR 24 1934

4950

1. PLACE OF DEATH

County Bachman
Township St. Louis
City St. James City

Registration District No. 300
Primary Registration District No. 100
(No. 708 East 13)

File No.
Registered No. 670
St. Ward)

2. FULL NAME

(a) Residence John M. Mazur
(Usual place of abode) 708 East 13 Ward. 30

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Babina Mazur</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-30-1843</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>2</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Poland

13. NAME
Unknown

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT
(ADDRESS) Mrs. E. Carter
708 East 13

18. BURIAL, CREMATION, OR REMOVAL
PLACE Colony Tom DATE Feb. 13 34

19. UNDERTAKER
(ADDRESS) A. P. Decker
1415 East 15

20. FILED 4/2 1934 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1933 to Feb 12 1934
I last saw him alive on Feb 11 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Mys Cardial Insufficiency
1250
930
Other contributory causes of importance
Hepatitis

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) Chas. F. Clark M. D.
(Address) 223 Argyle Bldg.

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.

