

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

Do not use this space.

APR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1326**, No. **50** St. Ward) Registered No. **6604**
 File No. **1447**

2. FULL NAME

(a) Residence, No. **1326 No 20** St. **21** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **40** 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 (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt 1873**

7. AGE YEARS **59** MONTHS **unknown** DAYS **unknown** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. **Clerk**

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 **Benedict Rozniak**

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

15. MAIDEN NAME **unknown**

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

17. INFORMANT **Polagia Rozniak** (ADDRESS) **1326 No 20 St 21**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb-12 1934**

19. UNDERTAKER **R. C. Maydell** (ADDRESS) **1926 Valley av**

20. FILED **1934** **J. H. Bedeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-6-1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 4 1934** to **Feb 6 1934**
 I last saw him alive on **Feb 6 1934** Death is said to have occurred on the date stated above, at **1:30 p.m.**
 The principal cause of death and related causes of importance were as follows:
Large artery occluded

Other contributory causes of importance:
Chronic nephritis 39 yrs

23. Name of operation **None** Date of **None**
 What test confirmed diagnosis? **None** Was there an autopsy? **Yes**

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) **W. H. Brown** M. D.
 (Address) **2844 W. Way**

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.

OCCUPATION 12 20 20 25

Dr. Rephile's men's garage

Dr. C. Baumgartner
2844a Col. Jimmie