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.

APR 25 1934

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

Do not use this space.

File No. 10313

Registered No. 72

1. PLACE OF DEATH
County St Louis
Township Central
City St Louis County (No. 5300 Janet St. Ward)
Registration District No. 789
Primary Registration District No. 6033-B

2. FULL NAME VALENTINE LASKOWSKI
(a) Residence, No. 5300 Janet Ave St., Ward.
(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? 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 Anna Laskowska
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24-1845
7. AGE YEARS 89 MONTHS 1 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 50 yrs

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

FATHER
13. NAME Joseph Laskowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Mary Domozen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Joseph Laskowski 5300 Janet Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Charles Cem DATE March 14, 1934
19. UNDERTAKER (ADDRESS) Central Und & L Co 1841 East Ave
20. FILED 3-13-1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934 to Mar. 11, 1934
I last saw him alive on Mar. 10, 1934 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-pneumonia	Mar. 3 1934
107A	

Other contributory causes of importance: X 107a

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Roland R. Meyown, M. D.
(Address) 5330 Geraldine Av

5330 Geraldine Co. 0461 1.P. to 2 P.