MAY 25

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14414

Township ..... Primary Registration District No. 1003 Registered No. 3588

City St Louis Mo (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Sophia Wisniewski (WISNIEWSKI)

(a) Residence, No. 3316 S Jefferson Ave 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15. 1905

7. AGE: YEARS 28 MONTHS 4 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heel Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Co
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) Radom Ills

FATHER

13. NAME Andrew Wisniewski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Posen

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Radom Ills

17. INFORMANT (ADDRESS) Grace Barry 5600 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter Paul DATE Apr 12 1934

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S Broadway

20. FILED APR 10 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to April 9, 1934

I last saw her alive on April 9, 1934 Death is said to have occurred on the date stated above, at 11 A.m.

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

Meningococcus — Date of onset 4-6

18 Meningitis

Other contributory causes of importance:

Meningococcemia

Name of operation None 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? No (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) John Eschenbrenner M. D.

(Address) ISOLATION HOSPITAL

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.