

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
No. **7400** Vermont

File No. **14687**
Registered No. **3876**
St. Ward)

2. FULL NAME

(a) Residence, No. **7400 Vermont** St., **1** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 11 1889</i>		
7. AGE	YEARS <i>45</i>	MONTHS <i>3</i>
	DAYS <i>5</i>	if LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>General Maintenance Man</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Koch Hospital</i>
	10. Date deceased last worked at this occupation (month and year)..... <i>January 1934</i>
	11. Total time (years) spent in this occupation..... <i>4 yrs</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

FATHER 13. NAME *William Sajewi*

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

MOTHER 15. MAIDEN NAME *Ernestine Knott*

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

17. INFORMANT (ADDRESS) *Augusta Sajewi 740 Vermont*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Trinity Cem.* DATE *April 18 1934*

19. UNDERTAKER (ADDRESS) *Reider & Sons Funeral Home 1936 Grand Ave*

20. FILED *May 27 1934*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 16 1934*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at *9:30 A.M.*

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

Chr. Myocarditis
Chr. Interstitial Nephritis
Sirrhosis of the liver
Other contributory causes of importance:
12467 1248
1312

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed) *Harold J. Pank* M.D.

(Address) *St. Louis*

Registrar. *4/17/34*

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