

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

Do not use this space.

18259

1. PLACE OF DEATH

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

Registration District No. 701
Primary Registration District No. 1003

File No.
Registered No. 4719
St. Ward)

2. FULL NAME

(a) Residence, No. 901A O'Fallon St. ward 26
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1934 to 5/7, 1934.
First saw him alive on 5/7, 1934. Death is said to have occurred on the date stated above, at 12:50 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/11/1884

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

7. AGE YEARS 50 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year) Nil 11. Total time (years) spent in this occupation Nil

Other contributory causes of importance: 1249

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

Name of operation 1249 Date of operation 5/7/34
What test confirmed diagnosis? 1249 Was there an autopsy? 1249

13. NAME Lawrence Garbalski

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

15. MAIDEN NAME Catherina

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

17. INFORMANT Worshipful M. Kent (ADDRESS) City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 11, 1934

19. UNDERTAKER Aug. Brookland Co. 70 (ADDRESS) 1421 N. 9th St.

20. FILED 0 1934 Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 1249 Date of injury 5/7/34
Where did injury occur? 1249 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1249
Nature of injury 1249

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 1249

(Signed) 1249, M. D.
(Address) 1249

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.

JUN 19 1934

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D. B. Elrod . M.D.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1005

City St. Louis No.

File No.

Registered No. 4719

St. Ward

2. FULL NAME Leon Tarkulski

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 8-29-34 19.. J. J. Bredek Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19..

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

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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)....., M. D.

(Address).....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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