

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

Do not use this space.

1. PLACE OF DEATH

91 County St. Louis
Township Central
City (No.) (No.) (No.)

Registration District No. 388
Primary Registration District No. 6033

File No. 26316
Registered No. 212
St. Ward)

2. FULL NAME

(a) Residence, No. 206 Normandy Dr. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adolph Galwarczyk</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8 - 1909</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>25</u>	<u>4</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
	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) <u>Poland</u>				
FATHER	13. NAME <u>Andrew Zawojski</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>			
MOTHER	15. MAIDEN NAME <u>Josephine Sloczynski</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>			
17. INFORMANT <u>Adolph Galwarczyk</u> (ADDRESS) <u>206 Normandy Dr.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>July 21, 1934</u>				
19. UNDERTAKER <u>Central Mortuary</u> (ADDRESS) <u>1541 Cass Ave</u>				
20. FILED <u>7-19-1934</u> <u>H. H. Bachmer</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 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 6:50 p.m.

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

From history, supposed to be criminal abortion, by midwife, two weeks prior to death. Sworn statement of midwife, denies knowing anything about it, even denies knowing the person, not alone having her under any form of treatment. On autopsy was found that hemorrhage was cause of death

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy. 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) J. H. B. Jones
(Address) 3718 Jennings St., St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 23 1934

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6117 Easton Ave.

caused by complete rupture of an extopic gestation of left side, being unrecognized from every evidence for at least one week, until complete exsanguination, (intra abdominal) existed, thereupon death ensued.

Secondary; Rupture of l. falopian tube, expulsion of foetus and contents, (intra abdominal) continuous hemorrhage unrecognized. From every evidence condition of the blood existed for about one week.