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

Do not use this space.
27172
7409

1. PLACE OF DEATH

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

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

City S ..... (No. Luthera Hosp ..... St. ..... Ward)

2. FULL NAME Mary Ann Antosiak

(a) Residence, No. 4559a So Bdwy, 15 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 F.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	1	13	

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. .....

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) Poland

FATHER

13. NAME Mathew Brentek

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

MOTHER

15. MAIDEN NAME Frances Simotowna

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

17. INFORMANT (ADDRESS) John Antosiak 4559a So Bdwy

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 26 1934

19. UNDERTAKER (ADDRESS) Central Und Co 1841 Cass

20. FILED JUL 25 1934 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from JULY-7TH, 1934, to JULY-22ND, 1934

I last saw her alive on JULY-22ND, 1934. Death is said to have occurred on the date stated above, at 8:10 a.m. 8:40 a.m.

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

	Date of onset
SEPTIC-FURUNCULOSIS	JUNE-15-34
DIABETES	2
HEAT-EXHAUSTION	JULY-4 1934

Other contributory causes of importance: 191

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

What test confirmed diagnosis? SYMPTOMS 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) Jos. J. Nawrocki, M. D.

(Address) 1460 St Louis Ave

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.

AUG 15 1934