

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

Do not use this space.

30942

SEP 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City **St. Louis** (No. **1623 Helen St**) St. Ward)

File No.....
Registered No. **8207**
St. Ward)

2. FULL NAME

(a) Residence, No. **1623 Helen** St., **26** 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>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anthony Ewertowski</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 10, 1869</i>		
7. AGE	YEARS <i>64</i>	MONTHS <i>11</i>
	DAY <i>29</i>	If LESS than 1 day,hrs. ormin.
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. <i>Housewife</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 9 1934*
22. I HEREBY CERTIFY, That I attended deceased from *June 10 34*, to *Aug 9 34*
that saw him alive on *Aug 9 34*. Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis 5-10/34
46E
46

Other contributory causes of importance:
None

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) *Samuel S. Stuegel* M. D.
(Address) *1841 Madison*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>
	13. NAME <i>Marion Tucholski</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>
	15. MAIDEN NAME <i>Wlasta Kuncawicz</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>
17. INFORMANT (ADDRESS) <i>Anthony Ewertowski 1623 Helen St</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calyvary</i> DATE <i>Aug 13 1934</i>	
19. UNDERTAKER (ADDRESS) <i>Central Burial Co 1841 East</i>	
20. FILED <i>AUG 10 1934</i> <i>J. F. Brudeck</i> Registrar.	

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.

AUG 20 1934

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