

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.

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

Do not use this space.

DEC 1 3 1934

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City, St. Louis (No. 3240, Nebraska Mo. St. .... Ward)

41305

File No. ....  
Registered No. 11290

**2. FULL NAME**

William Komorska  
(a) Residence, No. 3240 Nebraska St., 24 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? 0 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1849  
7. AGE YEARS 85 MONTHS ..... DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Bohemia (STATE OR COUNTRY) Europe

FATHER 13. NAME Joseph Komorska

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

MOTHER 15. MAIDEN NAME Anna Komorska

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

17. INFORMANT Albert Komorska (ADDRESS) 3240 Nebraska Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Nov. 28 1934

19. UNDERTAKER Thos. Kuti's (ADDRESS) 2906 Graveney

20. FILED NOV 27 1934 J. H. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 1933, Jan. to 1934, Nov. 25 to Nov. 25, 1934. I last saw him alive on 24th of Nov., 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Arteriosclerosis; Chron. Cat. of stomach; Chronic catarrh

Date of onset Undiscovered

Other contributory causes of importance: 97

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

What test confirmed diagnosis? Crem. of H. 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?

If so, specify.....

(Signed) J. H. Bredeck M. D.

(Address) 3240 Nebraska

