WHITE 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.

FEB 8 1935

791

6811

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1208

City St. Louis (No. 1606 N. 17th. St. ..... St. ..... Ward)

2. FULL NAME Walenty Komor

(a) Residence, No. 1606 N. 17th. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th 1887

7. AGE: YEARS 47 | MONTHS 11 | DAYS 21 | If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

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) January 1925

11. Total time (years) spent in this occupation 18 yrs.

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

FATHER

13. NAME Dont Know.

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Stanley Komor 1915 Madison St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb. 5th 1935

19. UNDERTAKER (ADDRESS) Aug. Brockland L & U Co 1421 N. 9th St.

20. FILED FEB 1 1935 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935 to Feb. 1, 1935

I last saw him alive on Feb. 1, 1935. Death is said to have occurred on the date stated above, at 3.45 P. m.

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

Chronic Myocarditis (acute exacerbation with non compensation)

Date of onset

Other contributory causes of importance: Chronic Emphysema (cardiac)

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? Yes

If so, specify Brass molder

(Signed) A. F. Benker, M. D.

(Address) 2206 Howard St.