

MAY 3 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis* (No. *3722*)St. *Genesee* Ward)

## 2. FULL NAME

*Catherine Agnes Karbowski*(a) Residence, No. *3722 Genesee* St. *10* Ward.

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.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*Female*

## 4. COLOR, OR RACE

*White*

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

*Married*

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

*Robert A. Karbowski*

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*11-6-1880*

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

*54**5**5*

## OCCUPATION

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

*House-wife*

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)

*St. Louis Mo.*

## 13. NAME

*John Weisling*

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

*Germany*

## 15. MAIDEN NAME

*Catherine Unknown*

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

*England*

## 17. INFORMANT (ADDRESS)

*Robert A. Karbowski 3722 Genesee*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

*Calvary 4/13 1935*

## 19. UNDERTAKER (ADDRESS)

*2217 S. Stock Yards Co. Grand Ave.*

## 20. FILED APR 12 1935

*J. Bredeck Registrar*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*April 11 1935*

## 22. I HEREBY CERTIFY, That I attended deceased from

*3/18*19*35**4/11*

1935

I last saw him alive on *4/9* 19*35*Death is said to have occurred on the date stated above, at *9:00 A.M.*

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

Date of onset

*Carcinoma head of pancreas*Other contributory causes of importance: *46*Name of operation *Autopsy* Date of *4/9*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 *Phle H Siberer*(Signed) *Phle H Siberer* M. D.(Address) *3115 S. Grand 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.

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

