

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

Do not use this space.

1. PLACE OF DEATH **JUL 12 1935**

791

21419

County.....

Registration District No.....

1003

File No.....

5360

Township.....

Primary Registration District No.....

Registered No.....

City **St. Louis** (No. **12th St. & Olive**)

St. Ward)

2. FULL NAME **Theodore L. Strzelecki**

(a) Residence, No. **2512 Prairie St.** 11 Ward.

(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 **Male** 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 **Laura May Strzelecki**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 13th 1894**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	40	9	5	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Restaurants**

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) **Chicago Ill.**

13. NAME **Leonard Strzelecki**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Laura May Strzelecki** (ADDRESS) **2512 W. Prairie St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Clarksville Mo.** DATE **10th June 1935**

19. UNDERTAKER **Edith E. Ambuster** (ADDRESS) **4234 Washington Ave**

20. FILED **21 1935** 19 **J. Bredeck** Registrar.

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at **4:30 p.m.**

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

Coronary Occlusion (R. V. Ped.)
Cardiac Hypertrophy
Chronic Parenchymatous Nephritis

Other contributory causes of importance:

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) **Harold C. Young** M.D. (Address) **St. Louis**

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.

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