

AUG 9

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

Do not use this space.

24340

## 1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 4652, Gen 1002)

File No. \_\_\_\_\_  
Registered No. **5696**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Bronislawa Zatorski  
(a) Residence, No. 4652 Gen 1002 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 11 27

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. Housewife  
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) Poland  
13. NAME John Maslenka  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
15. MAIDEN NAME Don's Know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don's Know

17. INFORMANT John Zatorski  
(ADDRESS) 4652 Gen 1002

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE July 3 1935

19. UNDERTAKER Central and Co  
(ADDRESS) 1841 Cass

20. FILED JUL -2, 1935 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 - 1935  
22. I HEREBY CERTIFY That I attended deceased from 6/30 1935, to 6/30 1935.  
I last saw him alive on 6/30 1935. Death is said to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Chr. Coronary Sclerostation  
956

Other contributory causes of importance:  
Chr. Bronchial Asthma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Reye 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) Wieland J. Hans, M. D.  
(Address) 41-25-1125 Gen 1002

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.

100-11-24-33

