

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

Do not use this space.

**AUG 9 1935**

**791  
1003**

**24586**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. *5538 NW Flannigan*)..... St. .... Ward)

File No.....  
Registered No. **5981**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *5538 NW Flannigan* 7 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 *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 *Lt Francis Gorski*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*76 11 24*

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

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

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) *Germany*

13. NAME *Jacob Gorski*

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

15. MAIDEN NAME *not known*

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

17. INFORMANT (ADDRESS) *Joseph Gorski, 5538 NW Flannigan*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Burial July 19 1935*

19. UNDERTAKER (ADDRESS) *W. J. Libner & Co., 1917 W. Market St., St. Louis, Mo.*

20. FILED **JUL 12 1935** *J. H. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 19 1935*

22. I HEREBY CERTIFY, That I attended deceased from *May 1 1935* to *July 10 1935*.

I last saw him alive on *7-10-35*, 19... Death is said to have occurred on the date stated above, at *5:00 P.M.*

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

*myocarditis, when found*  
**131**  
*Myocarditis, when found*  
*Myocarditis, when found*

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? *None was taken* 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? *No*  
If so, specify.....

(Signed) *W. U. Galt*, M. D.  
(Address) *2505 No 15th*

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

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