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.

SEP 16 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, Mo. (No. 302 Victor Str. St. ..... Ward)

File No. 28099

Registered No. 7184

2. FULL NAME Peter Rydzyk

(a) Residence, No. 302 Victor St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 1, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	1	22	

OCCUPATION

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

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.

FATHER

13. NAME Michael Rydzyk

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

MOTHER

15. MAIDEN NAME Anna Hatala

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

17. INFORMANT (ADDRESS) Marie Rydzyk 1010 Soulard Str

18. BURIAL, CREMATION, OR REMOVAL
New S. SPeter & Paul DATE Aug. 26, 35

19. UNDERTAKER (ADDRESS) Wm. C. Moydell 1926 Allen Ave.

20. FILED AUG 25 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to Aug 23, 1935

I last saw him alive on Aug 23, 1935. Death is said to have occurred on the date stated above, at 8.20 P.M.

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

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation X-Ray Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) Pierce W. Powers M. D.

(Address) 2531 So. Jefferson