

SEP 19 1935

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

Do not use this space.

30831

1. PLACE OF DEATH

County.....
Township.....
City *St Louis* (No. *7681*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *7615*
St. Ward

2. FULL NAME

Frances Lesniewska (Lesniewska)

(a) Residence, No. *1534 N. 15th* St. Ward.

Length of residence in city or town where death occurred *20* 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 7 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank Lesniewski*

22. I HEREBY CERTIFY, That I attended deceased from *8/31*, 19 *35* to *Sept 7*, 19 *35*.
Last saw h. alive on *9/7*, 19 *35*. Death is said to have occurred on the date stated above, at *9:00* pm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 10 - 1881*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 23

Date of onset *9/5*

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

Other contributory causes of importance:
Hypertensive Cardiac Deceleration

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

13. NAME *Fater Frank*

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) *Step Jey M. Regt City St Louis*

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathary Cemetery* DATE *Sept 11 1935*

Manner of injury.....
Nature of injury.....

19. UNDERTAKER (ADDRESS) *Central Ind. Co Inc 1841 Cass St*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

20. FILED *10 1935* 19 *35* *J. Bredeck* Registrar.

(Signed) *W. F. Harris*, M. D.
(Address) *City St Louis*

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.

