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.

OCT 17 1935

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

Do not use this space.

31426

File No.

Registered No. 8275

791

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Central Hospital St. Ward)

2. FULL NAME Anthony Duzynski (Duzynski)

(a) Residence, No. 5346 Hodiamont St. Ward. St. Louis County
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. NR 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: Helen Duzynski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23-1898

7. AGE: Years 37 | Months 6 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Iron Moulder

10. Date deceased last worked at this occupation (month and year): 4-28-35

11. Total time (years) spent in this occupation: 20 yrs

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

FATHER

13. NAME: Anthony Duzynski

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

MOTHER

15. MAIDEN NAME: Dowr, Grace

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

17. INFORMANT (ADDRESS): Mrs Anthony Duzynski 5346 Hodiamont

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Oct 3 1935

19. UNDERTAKER (ADDRESS): Central Ind Co Inc 1841 Cass Ave

20. FILED OCT 2 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29 1935

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 20 P m.

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

	Date of onset
Fractured skull;	
Hemorrhage of Brain; received in fall down steps at residence, Sept. 29, 1935, at 9:00 A.M.	

Other contributory causes of importance:

186

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/29, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Fall

Nature of injury: Fractures

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gerald L. Schaul M. D.

(Address) Gepfor

9/30/35