DEC 12 1935

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

Do not use this space.

37588

File No.

Registered No. 9559

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

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

2. FULL NAME Romen Wnuk.

(a) Residence, No. 404 Sidney St., 23 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.

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.

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 Frances Wnuk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/28/75

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	8	15	

OCCUPATION

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

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) Wisconsin

FATHER

13. NAME Joseph Wnuk

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Frances Wnuk
(ADDRESS) 404 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11/19/35.

19. UNDERTAKER W. C. Moydell
(ADDRESS) 1926 Allen

20. FILED NOV 15 1935 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13/35 .19

22. I HEREBY CERTIFY, That I attended deceased from OCTOBER 9, 1935, to NOVEMBER 13, 1935

I last saw him alive on Nov. 13, 1935 Death is said to have occurred on the date stated above, at 12 00 A m.

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

	Date of onset
CHRONIC NEPHRITIS	1930?
with uremia	Nov 4, 35
Hypertensive Heart Disease	"
Secondary anemia	

Other contributory causes of importance: Carcinoma of Pancreas

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Name of operation 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?

If so, specify

(Signed) George A. O'Sullivan, M. D.

(Address) 4231 Schurmer