

JAN 21 1936

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

Do not use this space.

40892

1. PLACE OF DEATH

County St. Louis Registration District No. 787
Township Meramec Primary Registration District No. 6032
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME

Julia Rajewicz
(a) Residence, No. Centaur No. R-1 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR WIFE OF) Frank Rajewicz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 18

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

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

10. Date deceased last worked at this occupation (month and year) October, 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Brueger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Miriam Rajewicz (ADDRESS) El Dorado, Illinois

18. BURIAL, CREMATION, OR REMOVAL Rajewicz, Cem. PLACE Pacific No. 1 DATE Dec. 10, 1935

19. UNDERTAKER Schradler Funeral Home (ADDRESS) Ballwin, Mo.

20. FILED Dec 9, 1935 Wm. S. Fiedler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1935 to Dec 7, 1935

I last saw her alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 12:10 P.M.

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

Bronchial pneumonia Date of onset Oct 8-15

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Cem. Was there an autopsy? _____

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? Yes
If so, specify _____

(Signed) Henny J. Seath, M. D.
(Address) Ballwin, Mo.

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.

