

JAN 13 1936

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

Do not use this space.

41013

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. John's Hosp.* (No. *307*), *St. Charles* (St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. **10188**  
St. \_\_\_\_\_ Ward

2. FULL NAME

(a) Residence, No. *5947* *Schulte* St., *7* Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Martin Helinski</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 15 - 1864</i>				
7. AGE	YEARS <i>71</i>	MONTHS <i>1</i>	DAYS <i>16</i>	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. <i>Housewife</i>			
	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) <i>Poland</i>				
FATHER	13. NAME <i>Mike Kruszyanski</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>			
MOTHER	15. MAIDEN NAME <i>Bon's Knew</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>			
17. INFORMANT <i>Jack Helinski</i> (ADDRESS) <i>1519 1/2 14th St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cabery Cem.</i> DATE <i>Dec 4</i> , 19 <i>35</i>				
19. UNDERTAKER <i>Central and Co Inc.</i> (ADDRESS) <i>1841 Cass St.</i>				
20. FILED <i>DEC - 3 1935</i> <i>J. T. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *DEC 1*, 19*35*

22. I HEREBY CERTIFY that I attended deceased from *Sept 18*, 19*35* to *Dec 1*, 19*35*  
I last saw him alive on *Dec 1*, 19*35* Death is said to have occurred on the date stated above, at *9:50 p.m.* *9:50 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Arteriosclerosis*  
*Arterio Sclerotic Gangrene*  
Other contributory causes of importance:  
*97*

Name of operation *Amputation* Day of *7* 19*35*  
What test confirmed diagnosis? *See case* Was there an autopsy? *Yes*

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) *J. T. Bredeck*, M. D.  
(Address) *1217-26th Street*

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.

DR. MONTONI  
1926 = COOPER ST

GR. 4082

PR-5967-

3:30 PM.

DR. H. BOEMER

BEAUMONT BLDG

JE 1800 - HRS - 11 AM - 1 PM