

JAN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **1714037**) City **St. Louis** St. Ward)

41607
10851

2. FULL NAME

(a) Residence, No. **1409** at **Holloway** Ward **26**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>w</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 26-1918</i>				
7. AGE YEARS <i>17</i>	MONTHS <i>3</i>	DAYS <i>25</i>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>nil</i>			
	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) <i>St. Louis Mo</i>				
MOTHER FATHER	13. NAME <i>Jas Myslinski</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>			
	15. MAIDEN NAME <i>Mary</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>				
17. INFORMANT <i>Joseph J. Bredeck</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Cabarrville</i>		DATE <i>12-24</i>		
19. UNDERTAKER <i>Central 2nd Co</i>				
(ADDRESS) <i>1841 Cass Ave</i>				
20. FILED <i>J. F. Bredeck</i>				
DEC 23 1935 19 Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/21*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *12/8*, 19*35*, to *12/21*, 19*35*
I last saw him alive on *12/21*, 19*35*. Death is said to have occurred on the date stated above, at *3:40* am.
The principal cause of death and related causes of importance were as follows:
Streptococcus Septicemia
gran Peritonitis
115 a
Date of onset

Other contributory causes of importance:
Empyema Rt. Chest
Empyema Lt. Chest

Name of operation *Drainage L. Chest* Date of *12/10*
What test confirmed diagnosis? 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?
If so, specify
(Signed) *J. F. Bredeck* M. D.
(Address) *City St. Louis*

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.

PHOTOGRAPHIC RECORD

