FEB 7 1936

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

791

Do not use this space.

3847

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1122

City St. Louis (No. ~~Enfocate City Hospt #1~~ at 4041 S. Broadway St. ..... Ward)

2. FULL NAME Frank Galczynski (Galcyn)

(a) Residence, No. 3225 Neosho St., 15 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: 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 Galczynski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 21 - 1880

7. AGE: YEARS 55 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Ser. Co
10. Date deceased last worked at this occupation (month and year): 1-28-35
11. Total time (years) spent in this occupation: 29 yrs

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

FATHER

13. NAME: John Galczynski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER

15. MAIDEN NAME: Augusta ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Helen Galczynski 3225 Neosho St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Peter & Paul DATE: Feb. 1 1936

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

20. FILED: JAN 31 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 28, 1936

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 12:30 m. P.

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

Chronic Myocarditis; Chronic Interstitial Nephritis; Arterio-sclerosis; Splenitis.

Date of onset

Other contributory causes of importance: 131

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

What test confirmed diagnosis? ..... 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) Harold Rehuly, M. D.

(Address) Dep for

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.

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