FEB 15 1936

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH 791

Do not use this space.

7821

File No. 1487

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. 4809 Easton Ave. St. Ward)

Registration District No. 1003

Primary Registration District No.

**2. FULL NAME** Boleslaw Deregowski (Ben Dering)

(a) Residence, No. 4809 Easton St., 6 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.

## 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 Wladislawa Deregowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1863

7. AGE: Years 72 Months 7 Days 12 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 35 yr

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

FATHER

13. NAME Albert Deregowski

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

MOTHER

15. MAIDEN NAME Mary Steuneczy

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

17. INFORMANT (ADDRESS) Wladislawa Deregowski 4809 Easton

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb 11 1936

19. UNDERTAKER (ADDRESS) Central Ind Co Inc 1841 Carr St

20. FILED FEB 10 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1936, to Feb. 9 1936, I last saw him alive on Feb. 9th 1936. Death is said to have occurred on the date stated above, at 3 30 p.m.

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

Chronic Myocarditis — Date of onset: Approximately 12 years ago. Patient had been under care 10 months prior to death.

Other contributory causes of importance: Age 72 years

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? No

If so, specify

(Signed) Vona H. Foster, M. D.

(Address) 4125 Easton St. Louis, 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.

Fr. 5836
4100a Euston Ave
9-10 AM