

FEB 20 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. **914 Russell Blvd**)

File No. **8015**
Registered No. **1686**
St. Ward)

2. FULL NAME

Mary Orzel
(a) Residence, No. **914 Russell Blvd** St. **23** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 Peter Orzel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1879		
7. AGE	YEARS	MONTHS
abt	57	unknown
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		None
10. Date deceased last worked at this occupation (month and year)		Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 12 1936**

22. I HEREBY CERTIFY That I attended deceased from **July 1st** 19**35** to **Feb 12th** 19**36**
I last saw him alive on **Feb 11th** 19**36** Death is said to have occurred on the date stated above, at **10 A.** m.
The principal cause of death and related causes of importance were as follows:
Rheumatism chronic July 34

Other contributory causes of importance:
57

Name of operation Date of
What test confirmed diagnosis? **Physical** 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) **Edward Wenger**, M. D.
(Address) **2002 S. Broadway**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Poland
MOTHER	
13. NAME	Matthias Bobjanski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Poland
15. MAIDEN NAME	Mary Deptula
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Poland
17. INFORMANT (ADDRESS)	Peter Orzel 914 Russell Blvd
18. BURIAL, CREMATION OR REMOVAL PLACE DATE	St. Peter's Church Feb 2-15 1936
19. UNDERTAKER (ADDRESS)	H. C. Moydell
20. FILED	FEB 13 1936 J. Bredeck Registrar

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.

MARGIN RESERVED FOR INDEXING

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