

APR 28 1936

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

Do not use this space.

1. PLACE OF DEATH

City St. Louis (No. 1710 No. 13th. St.)
 County Registration District No. 791
 Township Primary Registration District No. 1003
 File No. 17492
 Registered No. 4272

2. FULL NAME Mary Kulasinski (Kulawiec)

(a) Residence, No. 1710 No. 13th. St. St. 26 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kulasinski		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1879		
7. AGE YEARS 56	MONTHS 8	DAYS 3
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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) Poland		

FATHER	13. NAME Joseph Gromacki
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland
MOTHER	15. MAIDEN NAME Don't Know
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
17. INFORMANT William Kulasinski (ADDRESS) 1710 No. 13. St.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Apr. 21 1936	
19. UNDERTAKER Central and Co Inc (ADDRESS) 1841 Cass St.	
20. FILED APR 19 1936 J. Bredeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to April 13 1936
 I last saw her alive on April 18 1936 Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis

Date of onset

Other contributory causes of importance:
Ch. nephritis

Name of operation none Date of
 What test confirmed diagnosis? albumin 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) A. H. Reaney M. D.
 (Address) 2342 Ashmun St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2349⁴ St. Louis