

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.

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

Do not use this space.

MAY 7 1936

17530

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis.** (No. **En Route City Hospital # I.**) ..... Registered No. **4312**  
St. .... Ward) .....

2. FULL NAME **Katie Babiak**

(a) Residence, No. **1001 O'Fallon St.** St. **2.5** 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 **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 **Joseph Babiak**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1876.**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 60**      **—**      **—**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housewife**  
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**

MOTHER FATHER  
13. NAME **Walter Dembicki**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Catherine Mercurio**  
(ADDRESS) **1425 Blair**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary Cem.** DATE **Apr 22 1936**

19. UNDERTAKER **Central and Co Inc**  
(ADDRESS) **141 Cass St**

20. FILED **APR 20 1936**  
**J. Bredek**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 19th, 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 **11:15** m.  
The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis - Chronic  
Hypertensive Nephritis  
Sclerosis - Atherosclerosis*  
Date of onset  
**121**

Other contributory causes of importance:  
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) **J. Bredek** ..... M. D.  
(Address) **141 Cass St**

**4/20/36**

Coroner's Case