

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.

JUN 6 1936

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

Do not use this space.

21279

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. *City Hospital #1*)

File No.....
Registered No. **5490**
St. Ward)

2. FULL NAME *Sam Samico*

(a) Residence, No. *1026 Julia* St., *23* Ward. *38 years*
(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1891 - MAR 18*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 years March 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sanitor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *PH*
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (year) spent in this occupation. *PH*

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

MOTHER FATHER
13. NAME *Joseph Samico PH*

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

15. MAIDEN NAME *Warwara Krzysa*

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

17. INFORMANT (ADDRESS) *Mr Henry Krzysa 1006 Julia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Natl. Cem.* DATE *5-28-36*

19. UNDERTAKER (ADDRESS) *Chufick Dmd. 1716 So. Jefferson*

20. FILED *MAY 25 1936* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on..... 19..... Death in said

to have occurred on the date stated above, at.....
The principal cause of death and related causes of importance were as follows:

*Fracture of Skull
Laceration of Brain received when struck by auto in St. Louis, Mo. Deceased was a pedestrian.
Other contributory causes of importance:*

Homicide

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? *Yes* Date of injury *5/21, 1936*

Where did injury occur?..... (Specify city or town, county, and State)
St. Louis, Mo.

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *In Public Place Struck by auto*

Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) *J. Bredeck*, M.D.
(Address) *St. Louis, Mo.*

5/25/36

