JUL 14 1936

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

Do not use this space.

21527

791

1003

File No. 5776

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis. (No. 3238 Pulaski, St. St. Ward)

2. FULL NAME Cecelia Jurkiewicz.

(a) Residence, No. 3238 Pulaski, St. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Jurkiewicz.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72 ~~75~~	6	13	

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) Germany.

FATHER

13. NAME Vincent Wisniewski.

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

MOTHER

15. MAIDEN NAME Mary Kilanowicz.

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

17. INFORMANT Edward Jurkiewicz.
(ADDRESS) 3238 Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE June 3rd. 36.

19. UNDERTAKER Central Undt
(ADDRESS) [illegible]

20. FILED JUN 2 1936 19 J. J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th. 1936.

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936, to May 28, 1936

I last saw h. alive on May 23, 1936. Death is said to have occurred on the date stated above, at 11.45 P. M.

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

	Date of onset
Asthma	

Other contributory causes of importance:

Chr. Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Charles Allen 1201 So Broadway, M. D.

(Address) St. Louis

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

Dr. Ehler.C. W.
7201 a S. Broadway.
Ri.4111.
Res.Ri.6107

7 to 8 PM. MONDAY