

MAY 28 1936

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

Do not use this space.

21601

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1170  
Township Jefferson Primary Registration District No. 6248H  
City Richmond Heights (No. New St., Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 145

## 2. FULL NAME

Veronica Sieniawski

(a) Residence, No. 4640a Michigan Ave. St. \_\_\_\_\_ 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 Basil Sieniawski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1877.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
59 1 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Germany13. NAME Kluk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Charles Sieniawski  
4640a Michigan Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 6, 193619. UNDERTAKER (ADDRESS) J. N. Hebbert & U Co.  
2842 Monmouth St.20. FILED May 5, 1936 Tertrude Porter  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 193622. I HEREBY CERTIFY, That I attended deceased from 3-18, 1936 to 5/3, 1936I last saw her alive on 5/3, 1936 Death is saidto have occurred on the date stated above, at 12 Noon M.

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

Coronary Thrombosis Date of onset 5/2-36

Other contributory causes of importance:

Chronic PulmonaryName of operation Hysterectomy Date of 5/14/36

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? no

If so, specify \_\_\_\_\_

(Signed) R. W. Dent, M. D.(Address) 607 N. 7th

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.

