

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

Do not use this space.

JUL 14 1936

24912

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **CITY HOSPITAL 1003**

City

(No. **1003**)

File No.

Registered No. **6568**

St. Ward)

2. FULL NAME **STANLEY GACIOCH**(a) Residence, No. **1428 N. 9TH**
(Usual place of abode)St. **25** 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 MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF - - - - -6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 11, 1911**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	24	11	16	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	COM. LABORER
	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) **PENN.**
(STATE OR COUNTRY)13. NAME **PAUL GACIOCH**14. BIRTHPLACE (CITY OR TOWN) **POLAND**
(STATE OR COUNTRY)15. MAIDEN NAME **MATILDA GRABOWSKI**16. BIRTHPLACE (CITY OR TOWN) **POLAND**
(STATE OR COUNTRY)17. INFORMANT **LOTTIE SADULSKI**
(ADDRESS) **2552A BENTON ST**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **MENORIAL PK. CEM. JULY 1, 1936**19. UNDERTAKER **GOODHART AND GOODHART**
(ADDRESS) **2228 ST. LOUIS AVE**

20. FILED

JUL 20 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

*No Phy in attendance*21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27** 19**36**

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 **10:00 P.**

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

Date of onset

Epilepsy - Idiopathic

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) *John J. Sweeney*, M.D.(Address) *Deputy Registrar*

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.

