

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

Do not use this space.

SEP 15 1936

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis

No. 3528

North Taylor

File No. 32543

Registered No. 8375

St. Ward)

2. FULL NAME Frank Piotrkowski

(a) Residence, No. 3528 North Taylor St., 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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.

13. NAME John Piotrkowski.

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

15. MAIDEN NAME Catherine Mesker

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

17. INFORMANT Mrs. Wesolowski, (ADDRESS) 3528 North Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL Radium Illinois. PLACE St. Michaels Cemetery Aug. 13, 1936

19. UNDERTAKER Central Burial Co Inc (ADDRESS) 2555 Chestnut St.

20. FILED AUG 12 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8-36 to 8-11-36, 1936

I last saw him alive on 8-8-36 Death is said to have occurred on the date stated above, at 2.45 P.M.

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

Ch. Myocarditis Date of onset

Other contributory causes of importance: Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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) W. J. Cline, M. D.

(Address) 5738 W. Florissant

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.

DR. Crowe M. J.
Robin & West Florissant Aves.

Office 5738 1/2 Florissant E. 6887
Res 5423 Claxton Co 6103

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