

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.

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

Do not use this space.

NOV 4 1936

1. PLACE OF DEATH

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

File No. **39089**
 Registered No. **10118**

2. FULL NAME Marie Kotoski. (Kotowski)

(a) Residence, No. **5201a Wren Ave.**..... St. **7** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. **7** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th. 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 5 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
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) St. Louis, Mo.

13. NAME Joseph Kotoski.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Radum Ill.

15. MAIDEN NAME Elinore Balserowicz.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Joseph Kotoski. (ADDRESS) 5201a Wren Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct. 8, 1936

19. UNDERTAKER (ADDRESS) Central Und. Co. 1841 Cass Ave.

20. FILED OCT 6 1936 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4th. 1936.

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 **4.35 P.M.**

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

Sheepy Burns rec'd a pot of hot soap was over turned from stove at residence

Other contributory causes of importance:
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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? *Accident* Date of injury *9/15/36*, 19*36*

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

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

Manner of injury *home*
 Nature of injury *see above*

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

(Signed) *Harold J. P. [Signature]* M. D.
 (Address) *[Signature]*

