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

791

39250

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10283

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, (No. 2517, Howard St. St. ..... Ward)

2. FULL NAME Dora Jarzembek

(a) Residence, No. 2517 Howard Street. St., 20 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. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jarzembek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30th. 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	8	10	

OCCUPATION

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

FATHER

13. NAME John Wiergowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

MOTHER

15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

17. INFORMANT (ADDRESS) Frank Jarzembek. 2517 Howard St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Oct. 13 36. 19

19. UNDERTAKER (ADDRESS) Central Hd & L Co Inc 1841 Cross St.

20. FILED OCT 12 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th. 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Oct 10 1936

I last saw her alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 9. P. M.

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

	Date of onset
Acute Myocarditis	10-9-36
Mitral Regurgitation	10-9-36

Other contributory causes of importance:

Arterio Sclerosis	10-9-36
Senility	

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) [signature], M. D.

(Address) 1875 Madison

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Dr.Striegel.
19th.& Madison St.
Ce.2063.