

JAN 20 1937

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

Do not use this space.

791

46985

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. 3430 Minnesota)

File No.....

Registered No. 12808

Ward.....

2. FULL NAME Leonard Kulongowski

(a) Residence, No. 3430 Minnesota Ave. St. 16 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Kulongowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 7 22

8. Trade, profession, or particular kind of work done, as Common Laborer  
sawyer, bookkeeper, etc.

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) Poland  
(STATE OR COUNTRY)

13. NAME Seraphy Kulongowski

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

15. MAIDEN NAME Josephine Koro

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

17. INFORMANT Frances Kulongowski  
(ADDRESS) 3430 Minnesota

18. BURIAL, CREMATION, OR REMOVAL  
PLACE SS, Peter & Paul C.M. 12/30 188

19. UNDERTAKER J. C. Maydell  
(ADDRESS) 1926 Allen Ave.

20. FILED DEC 29 1936 J. P. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936 to Dec 27 1936.  
I last saw him alive on Dec 27 1936. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Date of onset

Reptand Arteriosclerosis  
Arteriosclerosis

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) James J. Smith M. D.  
(Address) 36 Wisconsin

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.

16-2-19-36  
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