

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.

JAN 10 1937

47085

1. PLACE OF DEATH

City St. Louis (No. 1437 Chambers)
 County Registration District No. 791
 Township Primary Registration District No. 1008
 Ward
 File No.
 Registered No. 12915

2. FULL NAME Nora Obremski

(a) Residence, No. 1437 Chambers St. St. 26 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 Female 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 Paul Obremski.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1888.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 6 1

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

MOTHER 13. NAME Frank Kaczinski

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

MOTHER 15. MAIDEN NAME Don't Know.

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

17. INFORMANT Paul Obremski
 (ADDRESS) 1437 Chambers.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 1-2 1937

19. UNDERTAKER Central Muttley Co
 (ADDRESS) 1841 Cass

20. FILED DEC 31 1936 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/36 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN- 1937, to DEC-29 1936

I last saw her alive on DEC-29 1936. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

MITRAL-STENOSIS

Other contributory causes of importance:

CIRRHOSIS-LIVER
ACUTE-PARENCHYMATOUS
NEPHRITIS

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? N.O.

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? N.O.

If so, specify.....

(Signed) J. F. Nawrocki, M. D.

(Address) 1901 Madison St

