MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8492

Township ..... Primary Registration District No. 1003 Registered No. 1947

City ST. LOUIS MO (No. 1227 (REAR) N. 10 STR St. ..... Ward)

2. FULL NAME FRANCISZEK MALKOWSKI

(a) Residence, No. 1227 N. 10 STR (REAR) St., 25 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: 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: JOZEFA MALKOWSKA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG 5TH 1885

7. AGE: YEARS 51. MONTHS 6 DAYS 7. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FOMERLY MOULDER 29

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) NOV. 1933

11. Total time (years) spent in this occupation 27 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): POLAND 20

FATHER

13. NAME: ANTONI MALKOWSKI

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): POLAND 20

MOTHER

15. MAIDEN NAME: DONT KNOW. 20

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): POLAND

17. INFORMANT (ADDRESS): Jozefa Malkowska 1227 N. 10 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE FEB. 16TH 1937

19. UNDERTAKER (ADDRESS): BROCKLAND UND. CO. 1827 HOGAN STR.

20. FILED FEB 15 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 12TH, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN - 24TH, 1937, to FEB. 11TH, 1937

I last saw h. M. alive on FEB - 7TH, 1937. Death is said to have occurred on the date stated above, at 9:25 P. m.

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

	Date of onset
TUBERCULOSIS - LUNGS	
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Other contributory causes of importance: CHRONIC - GASTRITIS

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? NO

If so, specify .....

(Signed) Jn. R. J. Nawrocki, M. D.

(Address) 1901 Madison St

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.

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