

APR 9 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**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS MO** (No. **1409 N. 6TH STR.**) St. Ward)

File No. **9848**
Registered No. **2403**

2. FULL NAME **STANISLAW LUBASZEWSKI**

(a) Residence, No. **1409 N. 6 STR** St., **25** 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 **BRONISLAWA LUBASZEWSKA**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 8TH 1877.**
7. AGE YEARS **59.** MONTHS **9.** DAYS **19.** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **RETIRED**
9. Industry or businesses in which work was done, as silk mill, saw mill, bank, etc. **GENERAL LABOR**
10. Date deceased last worked at this occupation (month and year) **1934.** 11. Total time (years) spent in this occupation **35 YRS**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**13. NAME **JULIUS LUBASZEWSKI**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND.**15. MAIDEN NAME **DONT KNOW**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**17. INFORMANT (ADDRESS) **Stepan Lubaszewski 1409 N. 6th St**18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **MAR. 2ND 1937**19. UNDERTAKER (ADDRESS) **BROCKLAND UND. CO. 1827 HOGAN STR.**20. FILED **MAR 1 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB 27TH 1937**22. **HEREBY CERTIFY** That I attended deceased from **Jan 18 - 1937** to **Feb 26 - 1937**I last saw him alive on **Feb 26 - 1937**. 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:

Date of onset

Ulcer of Stomach
Chronic Gastritis

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?..... 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) **J. Nauschi**, M. D.(Address) **1901 Madison St**

Registrar.

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.

OCCUPATION
FATHER
MOTHER

25009

