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 File No. 10177

Township ..... Primary Registration District No. 1003 Registered No. 2741

City St. Louis (No. Josephine Heitkamp Hospital St. ..... Ward)

2. FULL NAME Infant Wiecieczewski

(a) Residence, No. 1126 a Cass Ave. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th. 1937

7. AGE — YEARS: - MONTHS: - DAYS: - If LESS than 1 day, 8 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) St. Louis, Mo

FATHER
13. NAME Frank Wiecieczewski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Stanislawa Rogowski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Frank Wiecieczewski (ADDRESS) 1126a Cass Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE March 10 1937

19. UNDERTAKER Central Und Co (ADDRESS) 1841 Cass Ave.

20. FILED 10 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 9, 1937
I last saw him alive on March 9, 1937 Death is said to have occurred on the date stated above, at 4-25 a.m.
The principal cause of death and related causes of importance were as follows:

Asphyxia filida — Date of onset 3-8-37

Other contributory causes of importance: Placenta previa

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) J. J. Vizzard, M. D.
(Address) 1873 Cass Av.

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.