

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** (No. **1825**), **Rauschenbach** St. **10885** Ward **3459**

2. FULL NAME **Josephine Moscicki.**

(a) Residence, No. **1825 Rauschenbach Ave.** **20** 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) **Widow**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 2nd 1887**  
7. AGE YEARS **49** MONTHS **2** DAYS **25**  
If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**  
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**

13. NAME **John Zyminski**

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 **Stella Holy**  
(ADDRESS) **1825 Rauschenbach Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **March 31 1937**

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

20. FILED **MAR 30 1937** **J. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 27 1937**  
22. I HEREBY CERTIFY, That I attended deceased from **March 2 1937** to **March 27 1937**  
I last saw her alive on **March 27 1937** Death is said to have occurred on the date stated above, at **7.05 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Pneumonia**  
**Bronchial**  
**107a**  
Other contributory causes of importance:  
**th. peritonitis**  
**abscess cause**  
**unknown**

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) **Stephen M. Tappan, M. D.**  
(Address) **2617 1/2 St.**

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.

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