

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1008**
(No. **1628 North 18th St.**)

File No. **18147**
Registered No. **4723**
St. _____ Ward _____

2. FULL NAME

Bernice Machajewski

(a) Residence, No. **1628 N. 18th St.** St. **26** 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 *Female* 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) *May 20^a 1930*

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|----------|-----------|-----------|----------------------------------|
| | <i>6</i> | <i>11</i> | <i>17</i> | |

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*

13. NAME *John Machajewski*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

15. MAIDEN NAME *Jennie Kozmorginski*

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

17. INFORMANT (ADDRESS) *John Machajewski 1628 N. 18th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *May 10 1937*

19. UNDERTAKER (ADDRESS) *Central U. S. 1841 Cass Ave.*

20. FILER *J. J. Bredeck* Registrar

MAY 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 7 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 3 1937* to *May 7 1937*

I last saw h. or alive on *May 7 1937* Death is said to have occurred on the date stated above, at *4:55 P. m.*

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

Acute Corneal Necrosis
no definite heart disease
Diphtheria (laryngeal)
Date of onset *5-7-37*
5-2-37

Name of operation *none* Date of _____
What test confirmed diagnosis? *culture* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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 *none*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____ (Signed) *J. J. Bredeck* M. D.
(Address) *2767 Union Ave.*

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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2767 ~~Graves~~

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