JUL 8 - 1937

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

Do not use this space.

File No. 21728
Registered No. 5480

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ..... (No. 1623a Helen St. St. ..... Ward)

2. FULL NAME Anton Ewertowski

(a) Residence, No. 1623a Helen 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Moulder
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) Germany

FATHER

13. NAME Marion Ewertowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anastasia Wunsiewicz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Michael Rymowicz
(ADDRESS) 1623 Helen St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 6 3 19 37

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

20. FILED JUN 2 1937 19 J. J. Bradecki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from MAY-1st 1937, to MAY-27 1937
I last saw him alive on MAY-27 1937. Death is said to have occurred on the date stated above, at 8.05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	

Other contributory causes of importance:
Cirrhosis of liver
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? No
If so, specify
(Signed) Jos. J. Nowacki, 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.

19th Madison St