AUG - 5 1937

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

Do not use this space.

File No. 25964

Registered No. 7438

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1000

City St. Louis (No. ....., St. Anthony Hospital St. ..... Ward)

2. FULL NAME Christian Cierpiot

(a) Residence, No. Richland, Missouri St., N.R. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	9	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anheuser Busch Brewery

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) Krakrow, Missouri

FATHER

13. NAME Charles Cierpiot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown Eiserman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Antoinette Poetz
(ADDRESS) 3342 Virginia Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S. S. Peter & Paul DATE July 28, 1937

19. UNDERTAKER Wm. J. Robert
(ADDRESS) 1905 S. Grand Blvd.

20. FILED AUG 27 1937 J. J. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-16-, 1936 to 7-25-, 1937

I last saw h. alive on 7-24-, 1937. Death is said to have occurred on the date stated above, at 4.15 A. M.

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

	Date of onset
Carcinoma of l. cheek, internal recurrent,	1936
acute nephritis, post operative -	3 days

Other contributory causes of importance: -

Name of operation Excision of cancer, Date of 12-17-36

What test confirmed diagnosis? Laboratory 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) Charles A. Stevens, M. D.

(Address) 3720 Washington St. Louis, Mo.

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.