

SEP 10 1937

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

Do not use this space.

29234

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 1

File No.....
Registered No. 7867
St. Ward

C. 2. FULL NAME John Wrobel (Ivan Vrubel)

(a) Residence, No. 154 Sidney St., 23 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 22

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Austria

13. NAME Joseph Wrobel

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

15. MAIDEN NAME Agnes Ozemina

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

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Adelbert Cem. Aug. 23, 1937

19. UNDERTAKER Wm. C. Maudell
(ADDRESS) 1926 Allen Ave.

20. FILED AUG 21 1937
J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from 7/23/37, 19, to 8/20/37, 19.

I last saw h. him alive on 8/20/37. Death is said to have occurred on the date stated above, at 3.45 pm

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

Carcinoma of larynx Date of onset June 1937

Other contributory causes of importance

Name of operation Trochlectomy Date of 7/23/37
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? _____ 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 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Thos W. Loan, M. D.
(Address) City Hospital No. 1

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.

633 243 2

RECORD THIS IS A PERMANENT RECORD

1487

61
76