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

OCT 14 1937 2

32301
32301
Do not use this space.

1. PLACE OF DEATH

(a) County

(b) Township

(c) City ST. LOUIS MO

Registration District No. 791

Primary Registration District No. 1003

Registered No. 8355

(d) Street No. 1600 N. 8th St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS GACIOCH

(a) Residence, No. 1600 N. 8TH STR. St. 26
(Usual place of abode, if no street address, write county or city) (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*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ CATHERINE GACIOCH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 12 = 1878

7. AGE: YEARS 58 ~~59~~ | MONTHS 8 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BALER

9. Industry or business in which work was done, as saw mill, bank, etc. GEN. PAPER STOCK

10. Date deceased last worked at this occupation (month and year) JAN 1937

11. Total time (years) spent in this occupation 20 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

FATHER

13. NAME PETER GACIOCH

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

MOTHER

15. MAIDEN NAME MARTHA WILGA

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

17. INFORMANT Catherine Gaciock
(ADDRESS) 1600 N. Eight

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE SEPT 7TH 1937

19. FUNERAL DIRECTOR BROCKLAND UND CO
(ADDRESS) 1827 HOGAN STR.

20. FILED SEP 5 1937 J. B. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 4TH 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1937, to Sept. 4, 1937
I last saw h. ~~alive~~ alive on Sept. 4, 1937. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1931

Other contributory causes of importance:

Chr. Myocarditis	1937

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) Frank Cleary, M. D.
(Address) 1935 Park

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed John B. Brockland.

Licensed Embalmer No. 93

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)