

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jesserson
Township Meramec
City (No. St. Joseph's Hill Infirmary)

Registration District No. 475
Primary Registration District No. 3580
St. Joseph's Hill Infirmary

File No. 34564

Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Karsznia John Karsznia

(a) Residence, No. St. Joseph's Hill Infirmary Ward. St. Louis Mo.
(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? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1937 to Sept 28 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1860

I last saw him alive on Sept 28 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.

7. AGE YEARS 76 MONTHS 9 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset

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

Chronic Interstitial nephritis

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

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Chronic Endocarditis

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

13. NAME John Karsznia

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

15. MAIDEN NAME Dont know

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

17. INFORMANT Katherine Karsznia (ADDRESS) 4665 Alaska Av. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE Oct. 4, 1937.

19. UNDERTAKER (ADDRESS) W. Huber & Co. 2642 Meramec St. Louis, Mo.

20. FILED 11 27 1937 Janice A. Townsend Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify Jesse S. Sargent, M. D.
(Signed) Eureka, Mo. (Address)

