

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

36136
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 1008
(b) Township St. Louis Primary Registration District No. _____
(c) City St. Louis (d) Street No. City Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 829 Tyler St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Jennie Marzewski
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 11 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Pavers Helper
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) Poland

FATHER 13. NAME Basil Marzewski

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jennie Marzewski 829 Tyler St.

18. BURIAL, CREMATION, OR REMOVAL PLACE burial home DATE Oct. 20, 1937

19. FUNERAL DIRECTOR (ADDRESS) John A. Bentzen 5070 Durant Ave.

20. FILED OCT 19 1937 St. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct., 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 3:00 m.
The principal cause of death and related causes of importance were as follows:

Fatty degeneration of liver
Pulmonary Edema.
Other contributory causes of importance:
12 4 15

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

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 _____

(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

576
21
26
22

OCCUPATION
FATHER
MOTHER

STATEMENT BY LICENSED EMBALMER

I, Guy Wilkinson Licensed Embalmer No. 3575

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 Guy Wilkinson

Licensed Embalmer No. 3575

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.)