CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 12 1938

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

433
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 289

(c) City St. Louis. (d) Street No. 1606 a N. 18th. 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 43 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 43 yrs. - mos. - ds.

2. PRINT FULL NAME Peter Zakrzewski. 262.

(a) Residence, No. 1606 a N. 18th. St. 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 Magdalen Zakrzewski.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1865.

7. AGE: YEARS 72 | MONTHS 11 | DAYS 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Formerly a blacksmith.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) November--1925.
11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

FATHER
13. NAME Don't know. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER
15. MAIDEN NAME Don't know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Joseph Zakrzewski 1606 a N 18 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan. 11th 1938

19. FUNERAL DIRECTOR (ADDRESS) Brockland Und. Co. 1827 Hogan St.

20. FILED JAN 10 1938 19 J F Bredeck
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th. 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1938, to Jan. 7, 1938
I last saw him alive on Jan. 7, 1938 Death is said to have occurred on the date stated above, at 11.30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: 1 Month Previous 12/6/37

Other contributory causes of importance: Acute Cardiac Dilatation; Arteriosclerosis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) Anthony A. Piekarski, M. D.
(Address) 1525 a Cass Ave.

(Licensed Embalmer's Statement on Reverse Side)

**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 the above constitutes grounds for revocation of license.)**