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.

FEB 12 1938

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 489

City St. Louis Mo. (No. City Hospital No 1. St. ..... Ward)

2. FULL NAME Anthony Wosmansky 255

(a) Residence, No. 2342 Hickory St. St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1903

7. AGE: 35 YEARS | MONTHS | DAYS: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day 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) St. Louis Mo. 0

FATHER

13. NAME Alois Wosmansky 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia 7

MOTHER

15. MAIDEN NAME Frances Kozovsky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) Frances Rachovan 2342 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE Jan 17 1938

19. UNDERTAKER (ADDRESS) Thos Kutes 2906 Gravois Ave.

20. FILED JAN 15 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-38, 19

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 1:10 A.M.

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

Haemorrhage due to gunshot wound of abdomen perforating stomach, and acute peritonitis, inflicted at the hands of one Police Officer, Russell Robinson, in the performance of his duty, at about 10:50 P.M., January 12, 1938. Justifiable Homicide.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Just homicide Date of injury 1-12-38
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify 4
(Signed) Louis Padley, M. D.
(Address) Coroner

Anthony Wosmansky Embalmed by THOMAS KUTIS

L.E. 1619

Thos Kutis

L.E. 1619