

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

File No. 2011

Registered No. 19

St. _____ Ward _____

2. FULL NAME

George Frank Saulan 450

(a) Residence, No. 613 South 21st. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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

Minnie Saulan

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

March 5, 1906.

7. AGE

<u>31</u> YEARS	<u>10</u> MONTHS	<u>0</u> DAYS	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

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

Bartender

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

Saulan's Place

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

11. Total time (years) spent in this occupation ?

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

St. Joseph, Missouri

FATHER

13. NAME

Adam Saulan

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

Vilno Poland

MOTHER

15. MAIDEN NAME

Eva Kozłowski

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

Vilno Poland

17. INFORMANT (ADDRESS)

Adam Saulan 613 S. 21st. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Mt. Olivet Cemt. St. Joseph, Mo. DATE Jan. 8, 1938

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED

Jan. 7, 1938 N. J. Nestelbusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1938

22. HEREBY CERTIFY, That I attended deceased from

Jan 3, 1938 to Jan 5, 1938
last saw him alive on Jan 3, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Myocardial Infarction (Date of onset Jan 3, 1938)

FEB 21 1938

Other contributing causes of importance:

Heart Disease

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) Wm J. Brown M. D.

(Address) St. Joseph, Mo.

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.

