

REC'D MAR 14 1938

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

Do not use this space.

5017

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **5950**, **Lalite Ave**) St. Ward) **1662**

2. FULL NAME

Mary Harsdenki **635**
 (a) Residence, No. **5950 Lalite** St., Ward. **7**
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Stanislaus Harsdenki</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 16 - 1871</i>		
7. AGE	YEARS <i>67</i>	MONTHS <i>-</i>
	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Poland</i>		
FATHER	13. NAME <i>John M. Harsdenki</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
MOTHER	15. MAIDEN NAME <i>Catherine Chlopkowski</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
17. INFORMANT <i>Stanislaus Harsdenki</i> (ADDRESS) <i>5950 Lalite</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Olive Cem.</i> DATE <i>Feb 17</i> 19 <i>38</i>		
19. UNDERTAKER <i>General Mortuary Inc</i> (ADDRESS) <i>1611 No 26 St</i>		
20. FILED FEB 16 1938 <i>John J. Blasko</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Feb. 14</i> 19 <i>38</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>June</i> 19 <i>36</i> , to <i>Feb 14</i> 19 <i>38</i> I last saw him alive on <i>Feb 13</i> 19 <i>38</i> Death is said to have occurred on the date stated above, at <i>9 A.M.</i> The principal cause of death and related causes of importance were as follows: <i>Cardiac failure</i> <i>Cardiac asthma</i> <i>Hypertensive cardiac and cerebral disease</i>
Date of onset <i>3/13/35</i>
Name of operation
Date of
What test confirmed diagnosis?
Was there an autopsy? <i>no</i>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
Date of injury
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) <i>John J. Blasko</i> M. D.
(Address) <i>3502 Lee Ave</i>

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. Martin

3903 Lee Ave.

Apr. 1 - 3

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