

REC'D MAR 24 1938

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

8129  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Co. Registration District No. 96  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 261  
 (c) City Richmond Heights (d) Street No. St. Mary's St. 1003  
 (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

Marcello Niedzialek 32.4  
 (a) Residence, No. 1122 Rutger St.  St. Louis Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-38 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Feb - 6, 1938

I last saw her alive on 2/4/38, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/5/37

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

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

Septicemic Bacteremia  
Erysipelas

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Other contributory causes of importance: 15 lb

FATHER 13. NAME Frank Niedzialek

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

MOTHER 15. MAIDEN NAME Josephine Sosnowski

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

17. INFORMANT (ADDRESS) Josephine Niedzialek

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter and Paul DATE 2/8 1938

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) Chulick

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

20. FILED 2-7 1938 St. Mary's Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

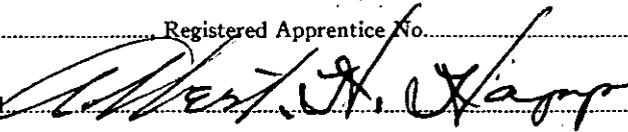
(Signed) C. K. Hamilton Res., M. D.

(Address) St. Mary's

RECORD OF DEATH IN FULL TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed   
Licensed Embalmer No. 1861

**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.)**