

REC'D APR 1 1938

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

9086

Do not use this space.

## 1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 1008  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 (c) City ST. LOUIS (d) Street No. 1233 N. 11TH 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 2675

## 2. PRINT FULL NAME

THOMAS PIWOWARCZYK, JR. 622  
 (a) Residence, No. 1233 N. 11TH ST. St. 25 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 22<sup>ND</sup> 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
— — — 25

8. Trade, profession, or particular kind of work done, as 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MISSOURI13. NAME THOMAS PIWOWARCZYK14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.15. MAIDEN NAME ANNA EWANCHEN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.17. INFORMANT (ADDRESS) Thomas Piwowarczyk  
1233 N. 11th18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE MARCH 24<sup>TH</sup> 193819. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UNDGR  
1827 HOGAN ST.20. FILER J. D. Budeck Local Registrar

MAR 21 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20 193822. I HEREBY CERTIFY, That I attended deceased from 3/19 1938, to 3/20 1938

I last saw him alive on 3/20 1938. Death is said to have occurred on the date stated above, at 9<sup>00</sup> a.m.

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

acute gastro-enteritis

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

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? No23. 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

(Signed) Joe P. Bertram, M. D.  
 (Address) 1510 - no. 16 St.

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.....

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