

REC'D MAY 10 1938

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

13412

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St Louis Mo.** (d) Street No. **1315 Sarafield Place (Rear)** Registered No. **4016**  
 (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

**Pauline Galczynski** **425**  
 (a) Residence, No. **1315 Sarsfield Pl. (Rear)** St. **21**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Paul Galczynski.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 27 1865**

7. AGE YEARS **72** MONTHS **9** DAYS **29** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 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. **House Wife**  
 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) **Boland** **7**

FATHER 13. NAME **Dombrowski.** **7**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland.** **7**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Galczynski (Son)**  
**1315 Sarsfield Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **4/30/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Central Und. Co.**  
**1841 Cass Ave.**

20. FILED **APR 29 1938** **J. F. Budick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dr. Dorman**, 1936, to **April 26**, 1938  
 I last saw her alive on **April 26**, 1938. Death is said to have occurred on the date stated above, at **3:45 p.m.**

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

**Myocardial Infarction +**  
**regurgitation**  
**of the aorta**  
**secondary to**  
**decompensation**

Other contributory causes of importance:

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

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

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) **Stephen M. Tapper**, M. D.

(Address) **1626 Helms St.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1861

P. O. Address 429 N. E. 1st St.

**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.)**

**If this body is not embalmed, above space should be left blank.**