

REC'D JUL 12 1938

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

20144

Do not use this space.

5283

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**
 (b) Township..... Primary Registration District No.
 (c) City. **ST. LOUIS MO** (d) Street No. **2215 A HOWARD** 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.

2. PRINT FULL NAME

LOUIS STRUMINSKI. 265
 (a) Residence, No. **2215 A. HOWARD** St. **20** (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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JULIA STRUMINSKI**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 20TH 1880**

7. AGE YEARS **57** MONTHS **11** DAYS **18.** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **GEN. LABOR**
 10. Date deceased last worked at this occupation (month and year) **APR. 1926.** 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **WOJIECH STRUMINSKI.**

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

MOTHER 15. MAIDEN NAME **FRANCES OSTROWSKI**

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

17. INFORMANT (ADDRESS) **Sophie Struminski 2215 Howard.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **JUNE 11TH 1938**

19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND. CO. 1827 HOGAN STR.**

20. FILED **JUN 10 1938** **J. H. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 8TH 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 10 1938, to June 7 1938**
 I last saw him alive on **June 7 1938** Death is said to have occurred on the date stated above, at **4 P. m.**

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

Cancer of the Larynx Date of onset **About a year**

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed) **Arthur J. Keyhan**, M. D.
 (Address) **3834 St. Louis Ave**

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 me.

.....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.)