REC'D SEP 12 1938

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

791

27700
Do not use this space.

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis

Registration District No. 1003

Primary Registration District No.

Registered No. 7714

(d) Street No. City Hospital No.1 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.

D. 6061

2. PRINT FULL NAME Joseph Jaworek

(a) Residence, No. 1948 a Penn St. 23
(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: 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: Geneveive Jaworek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 24, 1878

7. AGE: Years 59 | Months 9 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as saw mill, bank, etc.: nil

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): Bohemia Europe N

FATHER

13. NAME: John Jaworek N

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia N

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia Europe

17. INFORMANT (ADDRESS): Hosp. Info M.Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S.Peter & Paul DATE Sept. 1 1938

19. FUNERAL DIRECTOR Thorkutis
(ADDRESS) 2906 Gravois Ave.

20. FILED AUG 31 1938 J. F. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29/38 19

22. I HEREBY CERTIFY, That I attended deceased from 7/29/38, 19 to 8/29/38, 19
I last saw him alive on 8/29/38, 19 Death is said to have occurred on the date stated above, at 2.40 p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastric Ulcer	
Other contributory causes of importance: America	

Name of operation Gastric Resection Date of 8-27-38
What test confirmed diagnosis? Yes Was there an autopsy? Yes

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) David Weiner, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER, WITH SIZING INSTEAD OF RAGS, IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Thos. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS

L. E. 1619

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

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.)