

OCT 12 1938

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

791

1003

30564

Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. 8001
 (c) City St. Louis (d) Street No. 5256 Wren Ave. 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

- Edward M. Nogalski, Jr.
 (a) Residence, No. 5256 Wren Ave. St. 7 (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24th, 1927		
7. AGE YEARS 11	MONTHS 5	DAYS 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School		
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, Mo.		
13. NAME Edward M. Nogalski, Sr.		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
15. MAIDEN NAME Julia Rosso		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
17. INFORMANT (ADDRESS) Edw. M. Nogalski, Sr. 5256 Wren Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cem. DATE Sept. 10th, 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Funeral 1905 Union Blvd.		
20. FILED J. B. Budick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Sept 7, 1938. I last saw him alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 5:40 P. M.

The principal cause of death and related causes of importance were as follows:
 Endocarditis, Chronic 2 yrs.
 Pulmonary emphysema, non tubercular
 Date of onset 2 yrs.

Other contributory causes of importance:
 Acute Rheumatic Fever,
 Chronic Tonsillitis,
 non diphtheritic

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? So

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 Matt J. Crowe (C. R. O. W. E.)
 (Signed) M. D.
 (Address) 5738 W. E. President

SEP 9 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF BURIALS

57388-107-Flou.
Ev. 6887
11 AM 1:30 PM

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 R M Sanford
Licensed Embalmer No. 2273
P. O. Address Flouie's

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.