

NOV 16 1938

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

34386
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **2** **1003**
(b) Township..... Primary Registration District No. **1**
(c) City **St. Louis, Mo.** (d) Street No. **2200 S. 3rd 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. **9372**

2. PRINT FULL NAME

(a) Residence, No. **2200 S. 3rd St.** 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 Female	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 Joseph Krygiel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878		
7. AGE YEARS About 60	MONTHS Unknown	DAYS Unknown
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		
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) Poland		
13. NAME Joseph Paruzinska		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Joseph Krygiel 2200 S. 3rd St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct. 29 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell 1926 Allen Ave.		
20. FILED OCT 28 1938 J. T. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 27 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 9th**, 1938, to **Oct. 27**, 1938
I last saw him alive on **Oct. 27**, 1938. Death is said to have occurred on the date stated above, at **5:30 a.m.**

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

Chronic Myocarditis with decompensation
1/10/38
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **W**

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) **J. T. Bredeck**, M. D.
(Address) **3548 S. Dowd**

NOTE—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.

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.....

Benj. A. Duncan

Licensed Embalmer No. *2972*

P. O. Address *1926 Allen 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.