

REC'D FEB 10 1939

(3)
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

871

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. **DePaul Hospt. 2415 N. Kingshighway** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **John Domzalski**

(a) Residence, No. **5950 Theodore** 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF **Anna Domzalski**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-26 1894**

7. AGE YEARS **44** MONTHS **9** DAYS **29** If LESS than 1 day, hrs. or min.

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. Moulder.
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** Frank Domzalski**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Poland**15. MAIDEN NAME** Julia ?**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Poland**17. INFORMANT** Anna Domzalski
(ADDRESS) 5950 Theodore**18. BURIAL, CREMATION, OR REMOVAL**
PLACE **Calvary Cemetery** DATE **1/28/39**, 19..**19. FUNERAL DIRECTOR (NAME)** Central Und. Co.
(ADDRESS) 1841 Cass Ave.**20. FILED** 19.. **J. F. Budick** Local Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** January 25-39**22. I HEREBY CERTIFY, That I attended deceased from**
1-14, 19**39**, to **1-25**, 19**39**

I last saw h. **im** alive on **1-25**, 19**39**. Death is said to have occurred on the date stated above, at **8:25 p** m.
 The principal cause of death and related causes of importance were as follows:

Septic Sore Throat - c
Septicæmia, non-diphtheritic

Date of onset
1-17-39

Other contributory causes of importance:

Agarucytosis
Septic Rheumatism

1-24-39

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? **no**

If so, specify.....
 (Signed) **J. M. Webb**, M. D.
 (Address) **45013 Manchester St. St. Louis Mo.**

JAN 27 1939

(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.

4501 W. 10th St. -
3-5

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 Guy W. Wilkinson
Licensed Embalmer No. 2575

P. O. Address.....

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.