

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16372**
Registrar's No. **3890**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnard Skin & Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Forty days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Theodore Kulagowski

3. (b) If veteran, name war. _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helen Kulagowski
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased 9 14 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Kulagowski
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Waselero ski
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant John Kulagowski
(b) Address 3231 Harper St.

17. (a) Burial (b) Date thereof 5-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Parrot and Co.
(b) Address 3710 N Grand Blvd.

19. (a) MAY 8 1941 J. W. Brudich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL") 2 N & R
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day May
year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3/25, 1941, to 5/6, 1941
that I last saw him alive on 5/6/41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Peritonitis
Due to Carcinoma of rectum

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum
Of operations: _____
Of autopsy: _____

Duration
3 days
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury 0

23. Signature William H. Gray (M. D. or other) MD
Address Barnard Skin Cancer Hosp. Date signed 5/6/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

