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

Do not use this space.

File No. 7036
Registered No. 2004

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 1519 N. 17 St. ..... Ward)

2. FULL NAME HELEN WRESNIAK

(a) Residence. No. 1519 N. 17 St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31 - 1928

7. AGE: Years ..... Months ..... Days 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Wresniak
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Annie Ryznar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT John Wresniak
(Address) 1519 N. 17

15. FILED ..... 19..... Max B. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) February 22 1928

17. I HEREBY CERTIFY, That I attended deceased from February 20, 1928, to death, Feb. 22, 1928 that I last saw he alive on February 20, 1928, and that death occurred, on the date stated above, at 11:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastro-enteritis
(Cause to cease of diet)
253
1198
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1138
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Edwin Sauter, M. D
Feb. 22, 1928 (Address) 1331 N. 9th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: Feb. 24 1928

20. UNDERTAKER: Central — ADDRESS: 1841 Cass.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Dr Sauter