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

Do not use this space.

7094

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City A Louis (No. 1229 N 13 St. ..... Ward)

File No. .....

Registered No. 1963

2. FULL NAME WALERA ZAKRZEWSKI

(a) Residence. No. 1229 N 13 St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	11	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

PARENTS

10. NAME OF FATHER Joseph Bolzek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Stanislaw Zakrzewski (Address) 1229 N 13 St

15. FILED ....., 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 21 1930

17. I HEREBY CERTIFY, That I attended deceased from January 28, 1930, to January 28, 1930, that I last saw her alive on January 28, 1930, and that death occurred, on the date stated above, at 11 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Disease of Heart (Mitral Regurgitation)

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis nonpr

Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]

DID AN OPERATION PRECEDE DEATH? No DATE OF [illegible] 2/21/30

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis.

(Signed) Edwin Sauter, M. D.

Feb. 22, 1930 (Address) 1331 No. 7th 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	DATE OF BURIAL
Calvary	Feb 25 1930
20. UNDERTAKER	**ADDRESS**
Central Und. Co.	1841 Cass

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.

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