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.

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

Do not use this space.

18212

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 5191

2. FULL NAME John Parciak

(a) Residence, No. 1413 N. 13th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE About 55 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freight House

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 8

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

FATHER

13. NAME John Parciak

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

MOTHER

15. MAIDEN NAME Katherine Stolarske

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

17. INFORMANT (ADDRESS) Wm. Parciak 1615 N. 16th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE May 31st, 1932

19. UNDERTAKER (ADDRESS) Aug Brockland L&U Co 1421 N. 9th

20. FILED MAY 30 1932, 19 Max C Starkloff Registrar 5/30/32

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ....., 19...

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:50 P. m.

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

VIOF

Shock & Injuries (Fractured Ribs), & Hemorrhage into Thorax received when he fell from auto, in which he was riding in St. Louis, Mo.

Date of onset

Other contributory causes of importance:

Accident

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? Accident Date of injury 5/25, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury Fall from auto

Nature of injury Fractured Ribs

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner ~~M. D.~~

(Address) Dep Coroner