

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

Do not use this space.

11615

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1006
City St Louis Mo. (No. 3538 Magnolia St)

File No.....
Registered No. 2692
St..... Ward.....

2. FULL NAME

(a) Residence, No. 3538 Magnolia St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1st 1873.</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>4</u>
	DAYS <u>17.</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. Labor</u>	
	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) <u>Poland.</u>		
FATHER	13. NAME <u>Marvel Brzozowski</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Godleska Poland</u>	
17. INFORMANT <u>Cecelia Hoffman</u> (ADDRESS) <u>3538 Magnolia St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>Mar 22</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Ang Brockland & Co</u> <u>1148 N. 9th</u>		
20. FILED <u>MAR 21 1933</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 18, 1933
I last saw him alive on March 17, 1933. Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Stomach
Liver is the primary seat
4:50 p.m.
4:50 p.m.

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) A. Hoffman M. D.
(Address) 2608 Grand St

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.

