

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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. Home of Aged) St. Ward)

File No.
 Registered No. **18794**
5301

2. FULL NAME

Catherine Bekowski
 (a) Residence, No. 2209 Thebert St. 20 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13th 1858

7. AGE 75 YEARS 8 MONTHS 14 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housekeeper
 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) Germany

13. NAME Mathieu Hrgaski

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

15. MAIDEN NAME Antonina Malleski

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

17. INFORMANT (ADDRESS) Sister Jeanne 2209 Thebert

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-28 1934

19. UNDERTAKER (ADDRESS) Arthur J. Dornally, 214 S. 3rd St. St. Louis, Mo.

20. FILED 1934 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 27, 1934
 I last saw her alive on May 26, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Coriary Tubercular Disease

Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
 If so, specify

(Signed) Anthony A. Bekowski, M. D.
 (Address) 1525 a Cass Ave.

