

**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. 2931) Simple A St. Ward (.....)

File No. **18986**
Registered No. **5510**

2. FULL NAME

VALENTINE GRACZYK (GRACZYK)
(a) Residence, No. 2931 Simple A St. Ward. (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 <u>Mary Graczyk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 50</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ill. Traction Co</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>		
13. NAME <u>Andrew Graczyk</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
15. MAIDEN NAME <u>Josephine Kijewski</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
17. INFORMANT (ADDRESS) <u>Joseph Graczyk</u> <u>2931 Simple A</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>June 4</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Central Ind. Co</u> <u>1841 Cass</u>		
20. FILED <u>N-2</u> 19 <u>34</u> <u>J. Bredbeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28th 1934, to May 31st 1934
I last saw him alive on May 31st 1934. Death is said to have occurred on the date stated above, at 11:30 am.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage (apoplexy)
Date of onset 5:28-34

Other contributory causes of importance:
gta gta!

Name of operation..... Date of.....
What test confirmed diagnosis: usual 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) Goldman H. Wilson M. D.
(Address) 4105 W. Florissant ave

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

Nelson L. Goldmann
4105 W. Touzant A-
12-7 - 75 PM
Phone Co. 8579