

JUL 2 1935

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

Do not use this space.

791
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21501

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....
(No. 3737 Cottage)

File No.....
Registered No. 5459
St. Ward)

2. FULL NAME

(a) Residence, No. 3737 Cottage St., 11 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Tambarski</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 15 - 1872</i>		
7. AGE	YEARS <i>63</i>	MONTHS <i>2</i>
	DAYS <i>9</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Contractor</i>	
	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) <i>Poland</i>		
FATHER	13. NAME <i>Ludwig Tambarski</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
MOTHER	15. MAIDEN NAME <i>Don't know</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
17. INFORMANT (ADDRESS) <i>Mrs Mary Tambarski 3737 Cottage</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oakwood Cem</i> DATE <i>June 27, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Central Bur Co 1841 Cass Ave</i>		
20. FILED <i>25</i> 1935 19. <i>J. A. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *JUNE-19th* 1935, to *JUNE-23rd* 1935

I last saw him alive on *JUNE-23* 1935. Death is said

to have occurred on the date stated above, at *8:30 a.m.*

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

CANCER OF STOMACH DO NOT KNOW

WV

Other contributory causes of importance:

CIRRHOSIS OF LIVER DO NOT KNOW

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) *Jos. J. Nawrocki*, M. D.

(Address) *1901 Madison St*

