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

Do not use this space.

File No. 3769
Registered No. 805

1. PLACE OF DEATH

County
Township
City St. Louis (No. 3232a Neosho St. St. Ward)

Registration District No. 791
Primary Registration District No. 1003

96
39

2. FULL NAME Sylvester Rygielski

(a) Residence, No. 3232a Neosho St. St., 15 Ward. 1
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Live Stock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 253 Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Nicholas Rygielski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Veronica Zielenski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scheller Ills. 2

17. INFORMANT Mrs. Veronica Rygielske
(ADDRESS) 3232a Neosho St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul Jan. 20, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED JAN 19 1937, 19 J. F. Bredeck
JAN 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to Jan 14, 1937
I last saw him alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB	

Other contributory causes of importance:

23

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Joseph L. Zerns M. D.
(Address) 4209 Ver Gneva
1/18/37

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.

Dr. Joseph L. Serio
4209 Virginia Ri. 2711
1 to 2 Ri. 3805