

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.

31698
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH 4418 - 1937

County.....

Registration District No.....

791
1003

File No.....

22112
5864

Township ST. LOUIS MO
 City.....

Primary Registration District No.....
 (No. 1640 HELEN STR.)

Registered No.....
 St. Ward)

2. FULL NAME LUCILLE SKREDYNSKI

(a) Residence, No. 1640 HELEN St., 26 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) WIDOWED
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5A. IF MARRIED, WIDOWED, OR DIVORCED
 (HUSBAND OF OR) WIFE OF JOHN SKREDYNSKI

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 18TH 1854

7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

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

FATHER 13. NAME JOS. SWITTALA

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

MOTHER 15. MAIDEN NAME DONT KNOW

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

17. INFORMANT (ADDRESS) Frank J. Skredynski
1640 Helen St

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JUNE 16TH 1937

19. UNDERTAKER (ADDRESS) BROCKLAND UND. CO.
1827 HOGAN STR.

20. FILED JUN 15 1937 J. F. Breddeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 14TH 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE - 14TH 1937, to JUNE - 11 - 1937

I last saw h. ER alive on JUNE - 11 - 1937. Death is said to have occurred on the date stated above, at 12³⁰A m.

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

Date of onset

Mitral Stenosis

Other contributory causes of importance:
Chronic interstitial nephritis
Arteriosclerosis

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) Geo. J. Nawrocki, M. D.
 (Address) 1401 Madison St

599
 10
 16
 33

