

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

**32254**  
Do not use this space.

OCT 14 1937

2

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
(b) Township ..... Primary Registration District No. ....  
(c) City **St. Louis** (d) Street No. **3112 Neosho Street** St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8308**

2. PRINT FULL NAME **Joseph Droszkowski**

(a) Residence, No. **3112 Neosho Street** St. **15**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Barbara Droszkowski**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 5, 1875.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**62 6 27**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Day-laborer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Grain Elevator**  
10. Date deceased last worked at this occupation (month and year) **Retired 1 year** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

FATHER 13. NAME **John Droszkowski**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

MOTHER 15. MAIDEN NAME **Barbara Malecki**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

17. INFORMANT **Barbara Droszkowski**  
(ADDRESS) **3112 Neosho Street**

18. BURIAL, CREMATION, OR REMOVAL **S. Peter & Paul Cem. DATE Sept. 6, 1937.**

19. FUNERAL DIRECTOR **J. W. Breen & Co**  
(ADDRESS) **2842 Meramec Street**

20. FILED **SEP 3 1937** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 2, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 10, 1937, to Sept 2, 1937**  
I last saw him alive on **Sept 2, 1937** Death is said to have occurred on the date stated above, at **11:45 a.m.**

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

*Cardiac dilatation*  
*Chronic Interstitial Nephritis*

Other contributory causes of importance:  
*Chronic Interstitial Nephritis*

Name of operation **Chemical** 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? .....  
If so, specify **W. E. Holmstedt**, M. D.  
(Signed) **W. E. Holmstedt**  
(Address) **4532 Virginia St. St. Louis Mo**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gabken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

----- L. E. -----

No. ----- or by -----, Registered Apprentice No. -----

working under my personal supervision.

Signed

Herman A. Gabken

Licensed Embalmer No. 2120

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**