

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13174
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township **ST. LOUIS MO** Primary Registration District No. **1003**
 (c) City..... (d) Street No. **3318 BLAIR AVE.** 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 **35** yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? **35** yrs. — mos. — ds.

2. PRINT FULL NAME

(a) Residence, No. **3318 BLAIR AVE** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT 15 = 1879**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58.	7.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. **RETIRED**

9. Industry or business in which work was done, as saw mill, bank, etc. **GEN. LABOR**

10. Date deceased last worked at this occupation (month and year) **APR. 1936** 11. Total time (years) spent in this occupation **21.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND** **7**

FATHER

13. NAME **BARTHOLEME MIDLOWSKI** **7**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND** **7**

MOTHER

15. MAIDEN NAME **DONT KNOW.**

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

17. INFORMANT (ADDRESS) **Mrs. Stella Lardo**
4132 Turner Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **APR. 25TH 1938**

19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND. CO.**
1827 HOGAN STR.

20. FILED **APR 23 1938** **J. F. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL 21ST 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4-15-** 19**38**, to **4-21-** 19**38**
 I last saw h. **live** alive on **4-21-38**, 19... Death is said to have occurred on the date stated above, at **1 P.** m.
 The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
Arteriosclerosis
Anaemia
 Date of onset **1938**

Other contributory causes of importance:
Arteriosclerosis of liver
Anaemia

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 obviously in any way related to occupation of deceased? **no.**
 If so, specify **J. F. Bredbeck**
 (Signed) **1901 Madison St.**, M. D.
 (Address) **St. Louis, Mo.**

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.

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

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 John B. Brockland
Licensed Embalmer No. 93

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.)