

REC'D AUG 12 1938

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

23895

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis,** (d) Street No. **3227 Pulaski 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **6589**

## 2. PRINT FULL NAME

**Ludwika Nawrocki**  
**3227 Pulaski Street.**  
 (a) Residence, No. **15** St. (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 **Female** 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 **Joseph Nawrocki**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 1, 1953**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**85 8 22**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife.**  
 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) **Poland.**

FATHER 13. NAME **August Maslanka**

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

MOTHER 15. MAIDEN NAME **Suzanne Wolff**

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

17. INFORMANT (ADDRESS) **Mrs. Anna Jankowski**  
**3227 Pulaski Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **July 26, 1938.**

19. FUNERAL DIRECTOR (ADDRESS) **General Mortuary Inc.**  
**1611 North 20th. Street.**

20. **8861** **2700** 19 **J. F. Rudick** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23, 1938.** 19

22. I HEREBY CERTIFY, That I attended deceased from **June 28** 19**38** to **July 23** 19**38**  
 I last saw her alive on **July 23** 19**38** Death is said to have occurred on the date stated above, at **1:00 A.M.** m.

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

**Chronic Myocarditis**

Date of onset

Other contributory causes of importance:

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 or injury in any way related to occupation of deceased? **Yes**  
 If so, specify.....

(Signed) **A. E. T. Wick** M. D.

(Address) **7540 S. Jefferson Ave**

JUL 24 1938

(Licensed Embalmer's Statement on Reverse Side)

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

1 X12804

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. A.E. Turek  
2540 South Jefferson  
1154 Dover Place.

Grand 8966  
Riverside 0288.

85-8-22

August

STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhaus, Licensed Embalmer No. 2502

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

Edward H. Bockhaus

Licensed Embalmer No. 2502

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.)