

J. D. Busch

REC'D SEP 12 1938

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

26953
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, Missouri** (d) Street No. **City Sanitarium** 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 **34** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **11** yrs. mos. ds.

2. PRINT FULL NAME **Johanna Warzecha (Warzechowska)** **622**
 (a) Residence, No. **1930 Hebert St** St. **26** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Peter Warzecka**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-17-1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

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) **1920** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Austria** (STATE OR COUNTRY) **Hungary**

13. NAME **Andrew Kaski**

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

15. MAIDEN NAME **Florence Ziembra**

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

17. INFORMANT **A. K. Busch, M.D.** (ADDRESS) **5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive Ceme.** DATE **Aug. 8, 1938**

19. FUNERAL DIRECTOR (NAME) **St. Louis Funeral Ho** (ADDRESS) **2205 St. Louis Ave.**

20. FILED **AUG 6 1938** **J. D. Busch** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-5-38** 19.....

22. I HEREBY CERTIFY, That I attended deceased from **7-11-38**, 19....., to **8-5-38**, 19.....
 I last saw her alive on **8-5-38**, 19..... Death is said to have occurred on the date stated above, at **2:25 A.M.**
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia 7-31-38 Date of onset

Other contributory causes of importance:
Arterio-sclerosis 7-11-38x
Myocarditis 7-11-38
caused by Chr. myocarditis

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?
 If so, specify
 (Signed) **A. K. Busch** / M. D.
 (Address) **City Sanitarium**

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.

(Signature for use)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Albert W. Kappeler*

Licensed Embalmer No. *1861*

P. O. Address *429 W. Euclid*

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.)

If this body is not embalmed, above space should be left blank.