

REC'D SEP 12 1938

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

27051

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 MO.** (d) Street No. **1544 N. 9<sup>TH</sup> ST.** Registered No. **7065**  
 (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.

## 2. PRINT FULL NAME

(a) Residence, No. **1544 N. 9<sup>TH</sup> ST.** 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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>MARY SAWICKI</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>MCH 21<sup>ST</sup> 1878</b>				
7. AGE	YEARS <b>60</b>	MONTHS <b>4</b>	DAYS <b>17</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>GROCCER</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>RETAIL</b>			
	10. Date deceased last worked at this occupation (month and year) <b>JUNE 1<sup>ST</sup> 1938</b>		11. Total time (years) spent in this occupation <b>18 YRS</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>POLAND 7</b>				
FATHER	13. NAME <b>STANISLAUS SAWICKI 7</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>POLAND 7</b>			
MOTHER	15. MAIDEN NAME <b>MARY TALARSKA 7</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>POLAND 7</b>			
17. INFORMANT <b>Sulla R. Bulecki</b> (ADDRESS) <b>1542a N. 9<sup>TH</sup> ST.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>CALVARY</b> DATE <b>AUG 11<sup>TH</sup> 1938</b>				
19. FUNERAL DIRECTOR (NAME) <b>BROCKLAND UND. CO.</b> (ADDRESS) <b>1827 HOGAN STR.</b>				
20. FILED <b>AUG 9 1938</b> <b>J. D. Bulecki</b> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG 8<sup>TH</sup> 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 27 1938** to **Aug 8 1938**  
 I last saw **him** alive on **Aug 7 1938** Death is said to have occurred on the date stated above, at **5:30 A. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Hepatic cirrhosis**  
**1245**  
 Date of onset **?**

Other contributory causes of importance:  
**Chronic Myocarditis - ?**

Name of operation..... Date of.....  
 What test confirmed diagnosis **Phys Exam** 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?.....  
 If so, specify **John G. McJannet**, M. D.  
 (Signed) **John G. McJannet**  
 (Address) **4701 Shrouds av**

**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, .....

*John B Brockland*

....., or by .....

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

Signed.....

*John B. Brockland*

Licensed Embalmer No. *93-*

P. O. Address.....

*St Louis Mo*

**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.**