

REC'D OCT 1 1938

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

30878
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **ST. LOUIS** (d) Street No. **1432 N. 9TH ST.** Registered No. **8315**
(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 **26** yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME

PAUL WOLANIN **145**
(a) Residence, No. **1432 N. 9TH ST.** St. **25**
(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) **SINGLE**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUG. 15TH 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 **1** **6**

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. **NONE.**
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 **STEVE WOLANIN**

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

MOTHER 15. MAIDEN NAME **MARY PAWLOWSKI**

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

17. INFORMANT (ADDRESS) **Walter Dombkiewicz**
1432 N. 9TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **SEPT. 23RD 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **BROCKLAND DUNGO**
1827 HOGAN ST.

20. FILER **SEP 22 1938** **J. Bredeck** Local Registrar.

No Medical Certificate of Death
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 21ST 1938.**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Depletion of Brain
Pacemaker (Meningitis?)
Date of onset
Other contributory causes of importance: **ggb**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy **yes**

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) **Alfred Perry**, M. D.
(Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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, me

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.