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

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.

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

Do not use this space.

10081

File No. 26661

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. St Anthonys Hospital St. Ward)

2. FULL NAME Eva Cedech

(a) Residence. No. 3715 Michigan St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yr. mos. da. How long in U.S., if of foreign birth? 40 yrs. mos. da.

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: Maf Cedech

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1871

7. AGE: Years: about 56 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Europe

PARENTS

10. NAME OF FATHER: Andrew Sysko

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Europe

12. MAIDEN NAME OF MOTHER: Martha ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Europe

14. INFORMANT: Maf Cedech
(Address): 3715 Michigan

15. FILED 1927 Mau 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 16 1927

17. I HEREBY CERTIFY, That I attended deceased from March 13 1927, to March 16 1927, that I last saw h. alive on March 16 1927, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage due to fractured skull resulted from accidental fall 5 floor
(duration) yr. mos. da.

CONTRIBUTORY (SECONDARY): Chronic nephritis
(duration) yrs. mos. da.

Accidents

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture & Clinical signs

(Signed) Nicholas D. Lyon, M.D

, 19 (Address) 1105 Salisbury St

Dr. J. W. Bach by Dr. J. W. Bach 3/18/27

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S S Peter & Paul — DATE OF BURIAL: Mar 19 1927

20. UNDERTAKER: Thos L. Moydell — ADDRESS: 1926 allen