

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

Do not use this space.

19799

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis Emmett City Hospital St. (Word)

File No.
Registered No. 5523
St. (Word)

2. FULL NAME

(a) Residence. No. 1412a memo St. 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Marie Listopad

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ad. 63

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 164
(c) Name of employer

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

10. NAME OF FATHER Joseph Listopad

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

12. MAIDEN NAME OF MOTHER Anna Pucka

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

14. INFORMANT Charles Listopad
(Address) 1040 Emmett St

15. FILED 35 1927 Max C. Starroff
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to
exhaust gas (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide - (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 167

DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY? 167

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) P. J. Nico, M. D.
12/1, 1927 (Address) Conover

*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 New Picker DATE OF BURIAL June 14 1927

20. UNDERTAKER Har. C. Moy dell ADDRESS 1924 Allen

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.

