

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

Do not use this space.

7071

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1801 S 3 St.
 City St. Louis (No. 1801) (St. 33 Ward) (If nonresident give city or town and State)
 Registered No. 2040

2. FULL NAME

(a) Residence. No. 1801 S 3 St. St. 33 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ___ hrs. or ___ min.
about 56

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) Austria

10. NAME OF FATHER Andrew Lisac

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

12. MAIDEN NAME OF MOTHER Barbara Beranovic

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 9 1928 to Feb 22 1928 that I last saw h... alive on February 22 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
400
400
400
400
 Cause of leas and
stomachic

CONTRIBUTORY (SECONDARY) 440
 (duration) ___ yrs. ___ mos. ___ da.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Dr. Robert Brindley, M.D.
Feb 23 1928 (Address) 1012 Beyer Co

*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.

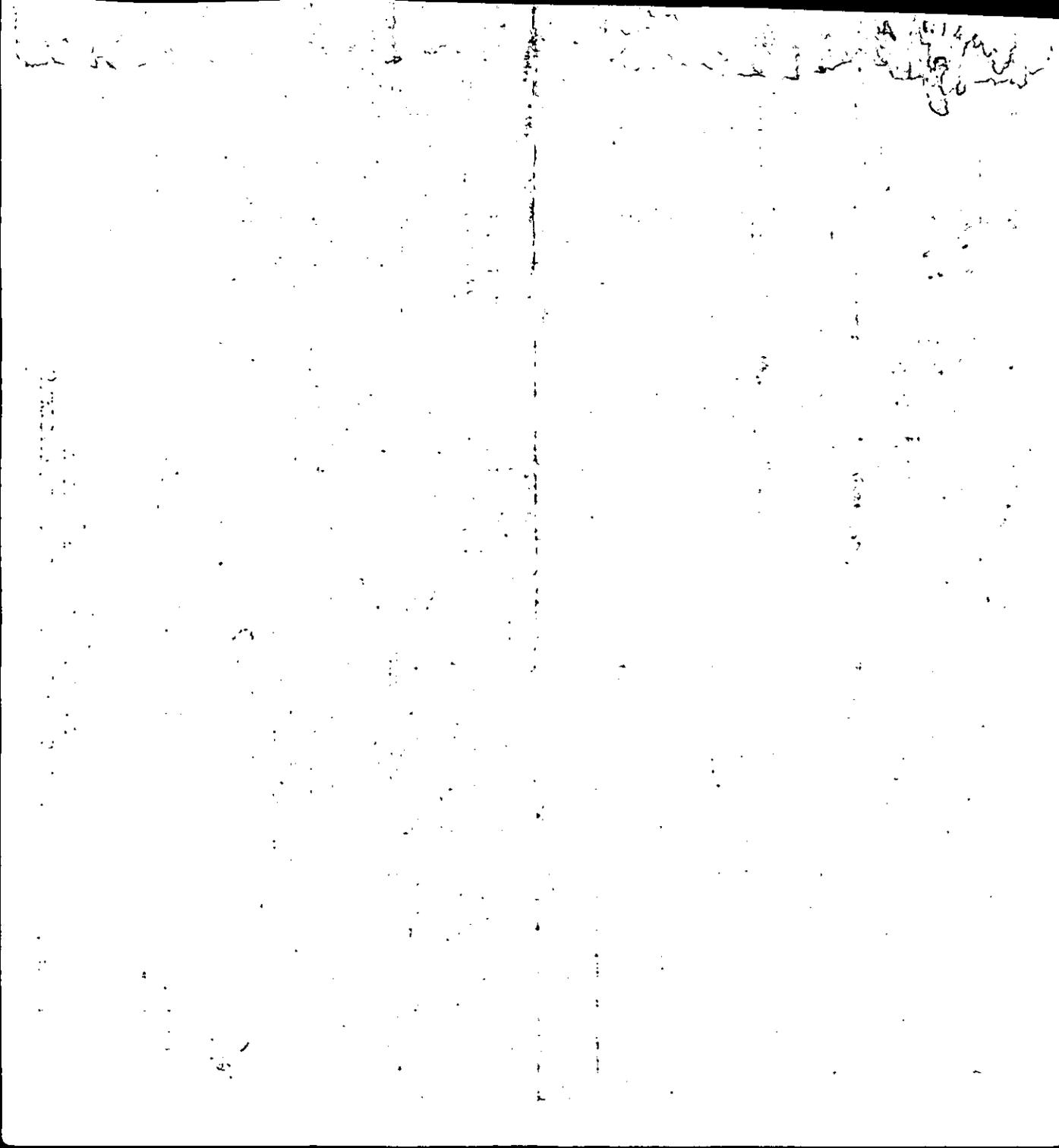
19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. S. Peter & Paul DATE OF BURIAL Feb 25 1928

20. UNDERTAKER Mr. B. Moydell ADDRESS 1926 Allen

14. INFORMANT Mike Muich Jr.
 (Address) 1801 S 3 St.

15. FILED FEB 21 1928 Max B. Starckoff
 REESTAR

Exact statement of OCCUPATION IS VERY IMPORTANT.



STATE OF MISSOURI)
CITY OF ST. LOUIS.) SS.

Before me, a Notary Public in and for the City of St. Louis State of Missouri, appeared Mr. Michael D. Muich, Jr., 1801 S. 3rd St., St. Louis, Mo., and being by me first duly sworn on his oath states:

That there appears on the records of the Vital Statistics Office, of the City St. Louis, under Registered Deaths No. 2040, for Feb. 22nd, 1928, the death certificate of Barbara Muich, 1801 S. 3rd St., in which Dr. Robert Greiderer, 1012 Geyer Ave., was the attending physician in the case, and this affiant who was the Informant thereon; in which the statement was made that the Maiden name of his Mother was Barbara Beranvic, which was put down in error, it should be Barbara Obrenovich, and this affiant's Mother's Father's name was Andrew Lisac, also born Austria which is correct.

Michael D. Muich Jr.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 31 DAY OF MARCH, 1934

My commission expires
Aug 20 1937

Charles E. Schaffner
Notary Public

1E07-5