

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

Do not use this space.

15452

45183

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township **St. Louis Mo.**

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **4323** **Duke St.**)

File No.

Registered No. **4389**

St.

Ward)

2. FULL NAME **Olga Lornia**

(a) Residence. No. **4323 Duke St.** St. **15** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 12 1865**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

63

0

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House 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)

Mo.

10. NAME OF FATHER

John Stipa

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Mary Line

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14.

INFORMANT

(Address)

**Lornia Lornia
4323 Duke St.**

15.

FILED

19

APR 23 1928

Max C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 21 - 1928**

17.

I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 19**27** to **April 21**, 19**28** that I last saw him alive on **April 20**, 19**28**, and that death occurred, on the date stated above, **5:30 a.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration, Valvular Disease of Heart

131

92A

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Ch. Nephritis

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **P. J. Jensen** M. D.

4/21, 19**28** (Address) **Olds No. 10 St. Bf.**

*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

DATE OF BURIAL

Sunset Burial Pk.

4-24-1928

20. UNDERTAKER

ADDRESS

Ziegenhein Bros. 2623 Cherokee

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.

WEST-TRUTH-IMPAGING-INK—THIS IS A PERMANENT RECORD

