

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.

22088

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003City St. Louis(No. 1318 Allen arr)

File No.

Registered No. 6260

St. Ward.....

2. FULL NAME(a) Residence. No. 1318 Allen Jan 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 30 yrs. mos. ds. How long in U.S., if of foreign birth? 31 yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**Female**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**Martin Majtas**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**about 1841**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 68**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**10. NAME OF FATHER**Jan Kusera**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Europe**12. MAIDEN NAME OF MOTHER**Unknown**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown**14.**

INFORMANT

(Address)

George Majtas
1318 Allen arr**15.**

FILED

JUN 12 1928

May C. Barker
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 10 1928**17.**HEREBY CERTIFY That I attended deceased from June 6, 1928, to June 10, 1928, that I last saw him alive on June 10, 1928, and that death occurred, on the date stated above, at 8:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Conduction of Phrenic Nerve & Aortic valve**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed)

John C. Barker, M. D.

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(Address) 2900 California arr

*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

ConcordiaJune 12 1928**20. UNDERTAKER**

ADDRESS

Geo. B. May dell 1926 Allen

for Land