

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

Do not use this space.

22487

**1. PLACE OF DEATH**

County.....

Registration District No. **79H**

Township.....

Primary Registration District No. **1003**

City, **St. Louis** (No. **City of St. Louis**)

File No. ....

Registered No. **6689**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1215 Hickory St.** Ward. **12**

Length of residence in city or town where death occurred yrs. **19** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 27 1926**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
**1 7 27**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **home**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Marie**  
(STATE OR COUNTRY)

10. NAME OF FATHER **John Lyga**

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

12. MAIDEN NAME OF MOTHER **Louise Helen**

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

14. INFORMANT (Address) **City of St. Louis**

15. FILED **NOV 26 1928** **Max E. Standley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 27 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 27 1928** to **June 27 1928** that I last saw him alive on **June 27 1928** and that death occurred, on the date stated above, at **11:30 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Gastro-intestinal intoxication - nutritional disturbance.**

1192 **1130** (duration) yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) **1130** (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Robert H. Simpson** M. D.  
**1928** (Address) **City of St. Louis**

\*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 **6-25-28**

20. UNDERTAKER **M. C. Magdell** ADDRESS **1926 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.

Legga