

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

Do not use this space.

29325

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

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

File No. 8853

Registered No. 8853

St. _____ Ward _____

2. FULL NAME Thelma Deak

(a) Residence No. 4610 W. Chestnut 18 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 John Deak

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7 - 1903

7. AGE YEARS MONTHS DAYS 25 | 5 | 24 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER John Williams

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

12. MAIDEN NAME OF MOTHER Kate Day

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

14. INFORMANT (Address) City of St. Louis

15. FILED SEP 2 1928 City of St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 15 1928 to Aug 31 1928 that I last saw alive on Aug 31 1928 and that death occurred, on the date stated above, at 11:22 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
23 A

CONTRIBUTOR (SECONDARY) SI
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Bacilli in Sputum
(Signed) Edward Melberg M. D.
9/1 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 Memorial Park DATE OF BURIAL 9-3-1928
20. UMBERTAKER Friegshausen & Co. ADDRESS 4104

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.

Stock