

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

Do not use this space.

35385

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. **10879**
Registered No. **10879**
St. Ward)

2. FULL NAME

(a) Residence. No. **1017 Ohio** St., **NY** 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 **male** | 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) **March 22 - 1883**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 7 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Laborer**
(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**

PARENTS

10. NAME OF FATHER **Emmanuel Chisic**

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

12. MAIDEN NAME OF MOTHER **Helena**

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

14. INFORMANT (Address) **Emmanuel Chisic**

15. FILED **21** 1928 **Max C. Starosoff** Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from **Oct 20**, 19**28**, to **Oct 23**, 19**28**, that I had saw him alive on **Oct 23**, 19**28**, and that death occurred, on the date stated above, at **2** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) **31** (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **R. Berg** M. D. **10/23, 1928** (Address) **City of St Louis**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St Peter's Catholic Cem** DATE OF BURIAL **Oct 25 - 1928**

20. UNDERTAKER **E J Schum** ADDRESS **3125 Lafayette Ave**

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.

Missy