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

Do not use this space.
7902

1. PLACE OF DEATH
County: St Louis
Township: Grandalet
City: Kath (No. ..... St. ..... Ward)
Registration District No. 1123
Primary Registration District No. 6248 B
File No. .....
Registered No. 87

2. FULL NAME: Ida Sulick
(a) Residence. No. 4026 Lexington Ave. St. ..... 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: Edwin Sulick
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20 1898
7. AGE: Years 30 Months 9 Days 15 If LESS than 1 day, ... hrs. or ..... min.
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) St Louis
(STATE OR COUNTRY) .....

PARENTS
10. NAME OF FATHER: Frank Snyder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) .....
12. MAIDEN NAME OF MOTHER: Daniels Nancy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) .....

14. INFORMANT: Robert Koch Hospital
(Address) Koch Mo.
15. FILED Feb 22, 19 29 L. C. Ebrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 19 — 1928, to Feb 22 1929, that I last saw h. alive on Feb 22 — 1929, and that death occurred, on the date stated above, at 3:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pul Tuberculosis
23A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray + Sputum
(Signed) Thos Swanwick, M. D.
, 19 (Address) Koch Mo

*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: Lake Charles Cem
DATE OF BURIAL: 2/25 1929
20. UNDERTAKER: A Kron L & M Co.
ADDRESS: 2707 No. Grandau

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.

MAR 27 1929

235 1 31 31