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

Do not use this space.

8191

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 10003

City St Louis (No. 3524 Lindell Blvd St. ..... Ward)

File No.....

Registered No. 1838

2. FULL NAME Charles Gitko

(a) Residence. No. 3524 Lindell Blvd St., 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	66			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joseph C. Gitko

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

12. MAIDEN NAME OF MOTHER Anna Strauby

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

14. INFORMANT Julia Gitko
(Address) 3524 Lindell Blvd

15. FEB 8 1929 Mary C. Vorhof
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/9, 1928, to Feb 5, 1929, that I last saw h... alive on Feb 5, 1929, and that death occurred, on the date stated above, at 8 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage - (apoplectic)

898 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Mastoiditis.

(duration) yrs. 2 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/18/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Jos R. Hamlin, M. D

2/6, 1929 (Address) 1259 N. Kingshighway.

*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 Feb 8 1929

20. UNDERTAKER Wm C. Moydell ADDRESS 1926 Allen

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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