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

Do not use this space.

1. PLACE OF DEATH
County St Louis. Registration District No. 1123 File No. 2588
Township [illegible] Primary Registration District No. 8249 6 Registered No. 7
City (No. S E Cor. Lakewood & Walnut St. Ward)

2. FULL NAME John Barsa
(a) Residence No. S E Cor. Lakwood & Walnut St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

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 Philomena Barsa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1849

7. AGE: YEARS 80. MONTHS 6 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

PARENTS
10. NAME OF FATHER: Joseph Barsa
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

14. INFORMANT: Edward Barsa
(Address) 4645 Varrelman Ave

15. FILED Jan. 12, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1930, to Jan. 10, 1930 that I last saw him alive on Jan 6, 1930, and that death occurred, on the date stated above, at 9:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Multiple arterio Schem (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Alan E Finch, M. D.
1/11, 1930 (Address) 3014 Jefferson

*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: S S Peter & Paul DATE OF BURIAL: Jan 13 1930

20. UNDERTAKER: Thos. Kutis ADDRESS: 3906 Gravois

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.