

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

Do not use this space.

14034

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4143, Olive St.)

File No.
Registered No. **3355**
St. Ward

2. FULL NAME

Peter J. Vazis
(a) Residence. No. 4300 W. Papin St., 18 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Vazis</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 2 1882</u>			
7. AGE	YEARS <u>47</u>	MONTHS <u>6</u>	DAYS <u>23</u>
	IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Vulcanizer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1930
17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation due to Fuel Gas Poison
Self Administered (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Suicide (duration) yrs. mos. ds.
164 C

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Sebastian Vazis

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

12. MAIDEN NAME OF MOTHER Agnes Whittman

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. W. Fenner, M.D.
Apr 19 1930 (Address) Dep. Coroner
*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.

14. INFORMANT Mrs. Frank Vazis
(Address) 4300 W. Papin St.

15. FILED 1930 Mar 27 1930
REGISTRAR Max C. Stanley

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Ann DATE OF BURIAL April 19 1930

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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