

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

Do not use this space.

2072120817

1. PLACE OF DEATH

County: *St. Louis* Registration District No. *791*
Township: *St. Anthony Hospital* Primary Registration District No. *1003*
City: *St. Louis* (No. *1003*) Registered No. *5513* St. _____ Ward _____

2. FULL NAME

(a) Residence. No. *3226 North Euclid St. A-12* Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *50* yrs. mos. da. How long in U.S., if of foreign birth? *50* yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *widow*
(specify the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 18, 1879*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
51 *16*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(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)

Bohemia

10. NAME OF FATHER

Thomas Pikous

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

Bohemia

12. MAIDEN NAME OF MOTHER

Mary Koupal

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

Bohemia

14. INFORMANT *William F. Judd*
(Address) *3226 N. Euclid Ave.*

15. FILED *May 1931* *Wm C. Hartley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 4 1930*

17. I HEREBY CERTIFY, That I attended deceased from *April 1*, 1930, to *June 4*, 1930, that I last saw him alive on *June 4*, 1930, and that death occurred, on the date stated above, at *9:45 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinomatosis, Heart
J. J. J. J.
235 (duration) yrs. *2* mos. ds.

CONTRIBUTORY (SECONDARY) *Carcinoma of heart*
(duration) yrs. *5* mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *clinical*
(Signed) *M. J. Fulham* M. D.

6/5, 1930 (Address) *288 S. California*

*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 *St Peter + Paul* DATE OF BURIAL *June 7 1930*

20. UNDERTAKER *Thos Kuttis* ADDRESS *2206 Garrison*

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.

