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

Do not use this space.

37309

OCT 23 1930

1. PLACE OF DEATH

County St Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 E — Registered No. 381

City ~~St Louis, Mo~~ (No. 9101 South Broadway St. Ward)

2. FULL NAME Anna Sirtak

(a) Residence. No. 2230 Bond Ave. St., Ward. East St Louis, Ill
(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: John Sirtak

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 3-1909.

7. AGE: Years 21 — Months 5 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

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): St Louis, Mo

PARENTS

10. NAME OF FATHER: Peter Twardiski
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Poland
12. MAIDEN NAME OF MOTHER: Josephine Tomaski
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Poland

14. INFORMANT: John Sirtak
(Address) 2427 Cleveland Ave

15. FILED 1-24 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 23 1930

17. I HEREBY CERTIFY, That I attended deceased from April Third (3rd) 1930, to November 23, 1930 that I last saw her alive on November 3rd 1930, and that death occurred, on the date stated above, at 10 Oclock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 1 yrs. 3 mos. 6 ds.

CONTRIBUTORY (SECONDARY): Tuberculosis Laryngitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. W. Ehlers, M. D.
, 19 (Address) Mt. St. Rose Tbc San.

*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: East St Louis, Ill — DATE OF BURIAL: Nov 27 1930

20. UNDERTAKER: John Ogonoski — ADDRESS: East St Louis Ill

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD