

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

Do not use this space.

19930

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4017 Botanical Ave. St. Ward)

File No.....
Registered No. 5959

2. FULL NAME

Edward F. Mahota

(a) Residence. No. 4017 Botanical St. 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Miner 11
(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) Germany 10

10. NAME OF FATHER Stephen Mahota
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Caroline Sterich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Clara Mahota
(Address) 4017 Botanical Ave.

15. FILED MAY 26 1931 Wm. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1930, to March 19, 1930, that I last saw him alive on March 19, 1930, and that death occurred, on the date stated above, at 4.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

403 (duration) 2 yrs 6 mos. ds.

CONTRIBUTORY (SECONDARY) 46B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 26, 1930

WAS THERE AN AUTOPSY? I don't know

WHAT TEST CONFIRMED DIAGNOSIS Microscopic exam. of tissue
(Signed) Ernest B. Graham, M. D.

May 25, 1931 (Address) Barnes Hospital

*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 DATE OF BURIAL

Staunton Ill. May 26, 1931

20. UNDERTAKER ADDRESS Wm. Huntman Staunton 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.

