

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

Do not use this space.

29893

I. PLACE OF DEATH

County..... Registration District No. **791**

Township..... Primary Registration District No. **1008**

City **St. Louis** (No. **City Hospital**)

File No. **8946**

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. **1601 Menard** St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life** 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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8 - 1863**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Auto painter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **John Laska**

14. BIRTHPLACE (CITY OR TOWN) **Bohemia** (STATE OR COUNTRY) **Bohemia**

15. MAIDEN NAME **Mary Julia**

16. BIRTHPLACE (CITY OR TOWN) **Austria** (STATE OR COUNTRY) **Austria**

17. INFORMANT (ADDRESS) **Hospital information**

18. BURIAL, CREMATION, OR REMOVAL **New Gravel** DATE **8-21-1931**

19. UNDERTAKER **W. E. Maydell** (ADDRESS) **1926 Ash St.**

20. FILED **621** 19 **31** **May E. Parker** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 18 24 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 13 24 1931**, to **Aug. 18 24 1931**.

I last saw him alive on **Aug. 18 24 1931**. Death is said to have occurred on the date stated above, at **3:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset **13/1**

13/1 **13/1** **13/1**

Other contributory causes of importance: **Chronic Myocarditis**

Stricture of Urethra

(Cause Not Known)

Name of operation..... Date of.....

What test confirmed diagnosis? **Chemist** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify **Raymond Jacobs** M. D.

(Signed) **City Hospital**

(Address) **City Hospital**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A STATE

Liska