

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

Do not use this space.

29999

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. City Hosp #1)  
Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 9060  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 816 Russell Ward. 23  
(Usual place of abode)

Length of residence in city or town where death occurred 20 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 9 14

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) (STATE OR COUNTRY) Not known

FATHER  
13. NAME Seaman Sakkis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER  
15. MAIDEN NAME Eva

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Hospital information made to Corp. City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington 4 DATE 8-24-1931

19. UNDERTAKER Walter Richter (ADDRESS) 3500 Ritz St

20. FILED Aug 25 1931 Max C. ... Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th 1931 to Aug 21st 1931  
I last saw him alive on Aug 21st 1931 Death is said to have occurred on the date stated above, at 12:10 a.m.  
The principal cause of death and related causes of importance were as follows:

chronic myocarditis Date of onset  
131 121  
5:00  
Other contributory causes of importance:  
chronic nephritis

Name of operation..... Date of.....  
What test confirmed diagnosis? chemical 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.....

(Signed) M. Macnish, M. D.  
(Address) City Hospital

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.

MAINTAINED FOR BINDING

V. NO. 2.

Supkis