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.

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

Do not use this space.

3354

File No.

Registered No. 1981

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hosp. #1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Steve Dukas

(a) Residence, No. 7800 N. Bidway St. 8 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 M.

4. COLOR OR RACE W.

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) Unknown

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Ab. 38			

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. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER

15. MAIDEN NAME

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

17. INFORMANT J. W. Keenan
(ADDRESS) Coroner's Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potters Field DATE 2-29- 19 32

19. UNDERTAKER Siegeulony Bro
(ADDRESS) 2601 Chouteau

20. FILED FEB 29 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attendance 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12:05 a. m.

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

	Date of onset
Hemorrhage following Laceration of Spleen	
Death fall from Window St. Louis Jail	1932
	1932

Other contributory causes of importance:

Whether Accidental or Intentional Not ascertained	
	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1-22 19 32

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

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

Manner of injury Falling from Window

Nature of injury Laceration of Spleen

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

If so, specify

(Signed) J. W. Keenan M. D.

(Address) Coroner

2/29/32