

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

Do not use this space.

14552

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis.** (No. **5921**, **Coronado Ave**)

File No.....  
Registered No. **3939**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **5921 Coronado** St., **1** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S., if of foreign birth? **40** yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Lacho</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct 27-1883</b>		
7. AGE	YEARS <b>48</b>	MONTHS <b>5</b>
	DAYS <b>24</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Home wife</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>235</b>	
	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) <b>Slovakia</b>		
FATHER	13. NAME <b>Paul Zluga</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Slovakia</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
17. INFORMANT (ADDRESS) <b>John Lacho</b> <b>5921 Coronado</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Sun Set Park</b> DATE <b>Apr. 22 32</b>		
19. UNDERTAKER (ADDRESS) <b>Mr. E. Smayda</b> <b>1926 E. 11th</b>		
20. FILED <b>APR 22 1932</b> <b>W. C. STANLEY</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 21, 1932**  
22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15, 1931**, to **April 21, 1932**  
I last saw him alive on **4-21-32** Death is said to have occurred on the date stated above, at **5-15** a.m.  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of**  
**left lung**  
Other contributory causes of importance:  
**4th B**

Date of onset  
**3 1/2**  
**ago**

Name of operation **No** Date of.....  
What test confirmed diagnosis? **7 indur.** 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? **No**  
If so, specify.....  
(Signed) **Joseph Beukler**, M. D.  
(Address) **4700 Broadway**

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.

