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.

SEP 27 1932

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

Do not use this space.

27303

1. PLACE OF DEATH

96 County St Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 E — Registered No. 270

City ..... (No. Mt St Rose Sanitarium St. ..... Ward)

2. FULL NAME John Dargi

(a) Residence, No. Jefferson Barracks St. Ward. mo Jeff Bks Mo Rt #11
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1893.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 16

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) Penn 2

FATHER

13. NAME Joseph Dargi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

MOTHER

15. MAIDEN NAME Anna Zenco

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

17. INFORMANT (ADDRESS) Lillie Dargi R-11 Jeff Bks Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Des Moines Ia DATE Aug 11 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister Jr. L. Co. 7814 So Broadway

20. FILED 8/9 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1932, to 8-8, 1932

I last saw him alive on 8-8-32, 19..... Death is said to have occurred on the date stated above, at 2:20 P.m.

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

Bantis Disease — Date of onset

73A

114A

1210 73

Other contributory causes of importance:

Pneumokoniosis (1)

Chr. Cholecystitis

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? ..... 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 Charles Ehlers

(Signed) 9101 So Broadway, M. D.

(Address)