

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

Do not use this space.

27402

1. PLACE OF DEATH

County..... Registration District No. 152

Township..... Primary Registration District No. 154

City St. Louis (No. City Hospital)

File No.

Registered No. 7202

St. Ward)

2. FULL NAME

(a) Residence, No. 5960 Schulte St. 7 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Drancich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1860

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
71 | 7 | 9

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

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) Austria 3

13. NAME Henry Barnish

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

15. MAIDEN NAME Helen Unknown

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

17. INFORMANT Hospital Information

(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 8-11-1932

19. UNDERTAKER M. C. Moydell

(ADDRESS) 4126 Allen Ave

20. FILED Aug - 4 1932 W. O. Starck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19th 1932 to Aug. 3rd 1932

I last saw her alive on Aug 3rd 1932 Death is said to have occurred on the date stated above at 6:05 a.m.

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

Carcinoma of Buccal Mucosa.

Other contributory causes of importance: None

456 1

Name of operation Date of
What test confirmed diagnosis? clinical 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) W. O. Starck 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.

Francis