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.

30464

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8123

City St. Louis (No. City Hospital St. ..... Ward)

#9432

2. FULL NAME Mike Zobircsky

(a) Residence, No. 2333 So. 3rd St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: abt. YEARS: 48 MONTHS: DAYS: If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 29
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Wheel Foundry Co.
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): Russia 23

FATHER

13. NAME: Nick Zobircsky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Pearl Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL: Cremetery
PLACE Mt Hope DATE Sep 8 - 1932

19. UNDERTAKER (ADDRESS): Chillick Und. 1716 So. Jefferson Av.

20. FILED SEP -7 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1932, to Sept. 6th, 1932

I last saw him alive on Sept. 6th, 1932. Death is said to have occurred on the date stated above, at 6.00 a.m.

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

	Date of onset
1 Hemorrhage from	
14 B Lung Abscess due to	
106 Lobar Pneumonia	

Other contributory causes of importance: 108 (1)

Multiple abscesses of lung c̄ erosion into bronchus

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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 .....

(Signed) Frank Simon, M. D.

(Address) City Hospital

Chuleck

JAN 19 1951