

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

Do not use this space.

37935

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Harner Hospital)

File No.....
Registered No. 10644
St. Ward)

2. FULL NAME

(a) Residence, No. John Okon Collinsville Ill 12 Ward. Collinsville, Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? 32 yrs. 5 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1868</u>		
7. AGE <u>about 63</u>	YEARS	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. <u>Coal Miner 11</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Trading Coal</u>
	10. Date deceased last worked at this occupation (month and year) <u>about 1927</u>
	11. Total time (years) spent in this occupation. <u>37 3/4</u>

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

13. NAME John Okon

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

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Dimitria Hen fr. Collinsville Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Collinsville DATE Dec 3 1932

19. UNDERTAKER (ADDRESS) Wm. J. ... Collinsville Ill.

20. FILED DEC - 1 1932 Max ... Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-22 1932 to 11-30 1932
I last saw h. relative on 11-30 1932 Death is said to have occurred on the date stated above, at 5:30 pm.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung
Lung Abscess
Emphysema
470
11014
Other contributory causes of importance:
1149
Pnechoscopy 10-28; 11-8; 11-16-32
Thoracotomy for Emphysema 11-28-32

Date of onset
2 yrs ago
June 1932
11-20-32

Name of operation Emphysema 11-28-32 Date of 11-28-32
What test confirmed diagnosis? Biopsy 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 (1)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Robert's Notary M. D.
(Signed) Robert's Notary
(Address) 640 S. King highway
St Louis Mo.

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.

