

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

Do not use this space.

11672

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1073
City St Louis (No. 1927) 810 St St. Ward)

File No.....
Registered No. 2750
St. Ward)

2. FULL NAME

Bohumil Liska
(a) Residence, No. 1927 810 St St. 23 Ward.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 75 Unknown
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
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) Bohemia
13. NAME Frank Liska
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Mary K. Ryd
1927 810 St
18. BURIAL, CREMATION, OR REMOVAL PLACE New Picher DATE Mar 27 1933
19. UNDERTAKER (ADDRESS) Wm. E. Smoyalski
1926 20th St
20. FILED APR 22 1933 Wm. E. Smoyalski Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1933 to March 21 1933

I last saw him alive on 3/20 1933 Death is said to have occurred on the date stated above, at 10 30 a.m.

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

131
Chrom. Intestinal reflex 4/5/33
Date of onset
2/25/33
Other contributory causes of importance:
Chrom. Myocarditis 2/25/33

Name of operation 131 Date of

What test confirmed diagnosis? lab 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) about F. Bina J. G. S. M. D.

(Address) 1841 21st

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.

