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

Do not use this space.

21745

File No. 5549

Registered No.

1. PLACE OF DEATH

County: St Louis — Registration District No. 797

Township: — Primary Registration District No.

City: St Louis (No. Josephine Hosp St. Ward)

2. FULL NAME: Anna Nagreski

(a) Residence. No. 1127 N. Duquoin St., 17 Ward. Benton, Ill. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? 19 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
about	38	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

PARENTS

10. NAME OF FATHER: Anthony Kutka

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

12. MAIDEN NAME OF MOTHER: Mary (Not Known)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

14. INFORMANT: Charlie Nagreski
(Address) Benton, Ill.

15. FILED JUN 20 1933, 19 — G. F. Biedeck, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 25 1933

17. I HEREBY CERTIFY, That I attended deceased from 6-22-, 1933, to 6-25-, 1933 that I last saw her alive on 6-25-, 1933, and that death occurred, on the date stated above, at 12:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C 93C

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-22-33

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Otey Sherman Jones, M. D.

6-26, 1933 (Address) 3624 S Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: East St Louis, Illinois — DATE OF BURIAL: June 26 1933

20. UNDERTAKER: John Kassly — ADDRESS: East St. Louis Ill.

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.