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.

OCT 20 1933

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No. 30857
Township Carondelet — Primary Registration District No. 6248 — Registered No. 506
City ..... (No. Mississippi River Foot of Mary Ave St. ..... Ward)

2. FULL NAME Matt Pisk
(a) Residence, No. 1743 N 9th St., ... Ward. East St Louis Ills
(Usual place of abode) (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1888
7. AGE YEARS 45 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. Laborer
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) Jugo Slavia

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugo Slavia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugo Slavia

17. INFORMANT (ADDRESS) Mike Coolidge 1743 N 9th St E St Louis Ills
18. BURIAL, CREMATION, OR REMOVAL PLACE East St Louis Ills DATE 9/26 1933
19. UNDERTAKER (ADDRESS) C Hoffmeister U & Co 7814 So Bdwy
20. FILED 9/24 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Suicide; jumping in river on Illinois side, last seen Saturday Sept. 23rd. Was found on the Missouri side, Carondelet Township, St. Louis County, Mo. Sept. 26th

Date of onset 16b

Other contributory causes of importance:
by Edward Meninhardt and John Stevens. From history given dispondency.

Name of operation Coronus Histor Date of
What test confirmed diagnosis? 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) Luke B. Tinnon, M.D.
(Address) 3718 Jennings Rd.
Coroner, St Louis, Co., Mo, 9/26/33