

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

Do not use this space.

31739

1. PLACE OF DEATH  
 County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 708  
 City St. Louis (No. City) (Ward) St. Louis (Ward)  
 10111 Michael (Achimovich)  
 2. FULL NAME  
 (a) Residence, No. 2400 2 3rd St. 26 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 8468  
 St. \_\_\_\_\_ Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17-1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salvage</u>	
	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) <u>Jud's Slavia</u>		
FATHER	13. NAME <u>Loz Achimovich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jud's Slavia</u>	
MOTHER	15. MAIDEN NAME <u>Anna Workman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jud's Slavia</u>	
17. INFORMANT (ADDRESS) <u>Wm J. M. West City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope</u> DATE <u>Sept 30 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. Myrall 1726 Allen Ave.</u>		
20. FILED <u>SEP 29 1933</u> <u>J. Brebeck</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1933, to 9-26 1933  
 I last saw him alive on 9-26 1933 Death is said to have occurred on the date stated above, at 12:35 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Cholecystitis  
Gastric Ulcer  
Bronchopneumonia  
 Other contributory causes of importance: 11-107  
107  
Perforation of Stomach  
 Name of operation Cholecystectomy  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. [Signature], M. D.  
 (Address) City

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.

OCT 20 1933

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