

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **6407**  
Registered No. **1229**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2833 Shenandoah Ave. St. 17 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sidney Mahora</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-10-1875</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>11</u>
		<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		11. Total time (years) spent in this occupation
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)		

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

MOTHER FATHER 13. NAME Cornard Lafinck

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

MOTHER 15. MAIDEN NAME Victoria Handke

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

17. INFORMANT (ADDRESS) Grace Barry 2600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Feb 9 1934

19. UNDERTAKER (ADDRESS) Fiegelein Bros 2828 Cherokee St

20. FILED Feb 6 1934 J. J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934 to Feb 1, 1934

I last saw him alive on Feb 1, 1934 Death is said to have occurred on the date stated above, at 10:10 am.

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

Erysipelas of Abdomen following fall on abdomen  
obesity  
Chronic Nephritis  
Date of onset 1-27

Other contributory causes of importance:

Name of operation None Date of 7

What test confirmed diagnosis? Chrom Were an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 1-27 1934

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

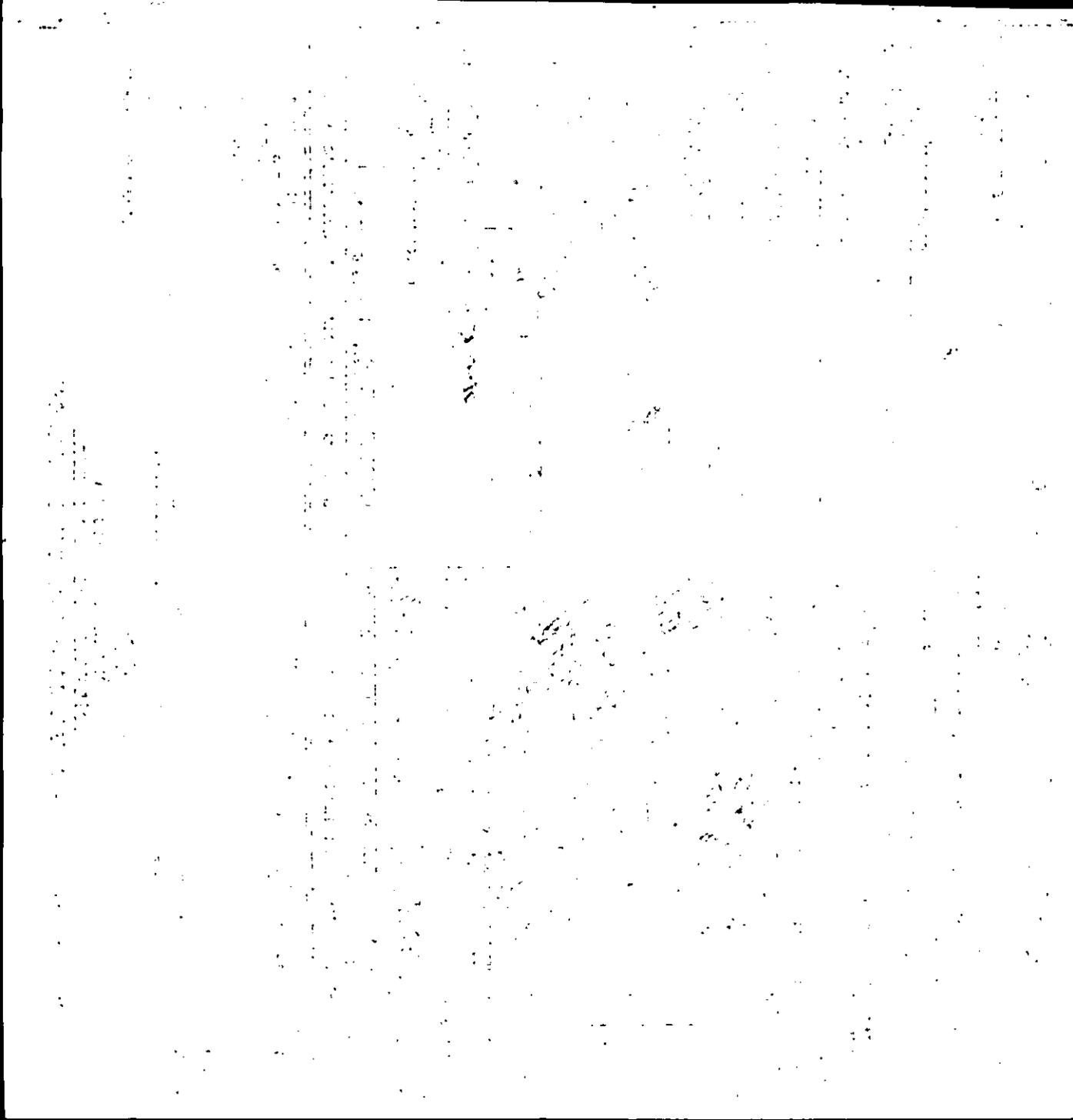
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell on abdomen

Nature of injury Contusion, Abrasion

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify John E. Scherbaum (Signed) (Address) ISOLATION HOSPITAL



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County .....

Registration District No. 791

File No. ....

Township .....

Primary Registration District No. 1003

Registered No. 1229

City St. Louis (No. ....) St. .... Ward)

**2. FULL NAME**

Lucas Mahoras

(a) Residence, No. .... St. .... Ward. ....

(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 ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, ..... hrs.	or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

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) .....

13. NAME .....

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

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19 .....

19. UNDERTAKER (ADDRESS) .....

20. FILED ..... 19 .....

*J. J. Bredecks*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw him alive on ..... 19..... Death is said

to have occurred on the ..... stated above, at ..... m.

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

rupture of abdomen  
enlarged gall  
on abdomen.

Other contributory causes of importance:

details of fall unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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)

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-6407