

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

Do not use this space.

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.

APR 25 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **500 So. Kingshighway**)

File No. **11097**
 Registered No. **2957**
 Ward

2. FULL NAME

(a) Residence, No. **15 No. 96th Belleville Ave. NR**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **0** yrs. **0** mos. **28** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Wht** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Child**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 3, 1924**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 5 20

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) **Belleville, Illinois**

13. NAME **Fred Biska**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Centerville, Ill.**

15. MAIDEN NAME **Vivell Henderson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Belleville, Ill.**

17. INFORMANT **S. Hestoff**
 (ADDRESS) **500 So. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Belleville** DATE **3/26/1934**

19. UNDERTAKER **Grundlach & Co.**
 (ADDRESS) **Belleville, Ill.**

20. FILED **APR 24 1934**
J. Bredbeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 23, 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **Feb. 26, 1934**, to **March 19, 1934**
 I last saw him alive on **March 23, 1934**. Death is said to have occurred on the date stated above, at **3:40** p.m.
 The principal cause of death and related causes of importance were as follows:

Tumor of Brain - Glioma malignant
530
87B
53
 Other contributory causes of importance: **Respiratory collapse**
 Date of onset **Sept. 1933.**
3-23-34

Name of operation **Cranotomy** Date of **3-24-34**
 What test confirmed diagnosis? **Specimen** 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) **E. J. Glasscock** M. D.
 (Address) **St. Louis Childrens Hospital**

