

**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. 1120 File No. 19071
 Township Carmelle Primary Registration District No. 6748B Registered No. 177
 City Jefferson Barracks, Mo. (No. , Veterans' Administration Facility, St. Ward)

2. FULL NAME James A. OCHESKY

(a) Residence, No. Railroad Y.M.C.A., 20th & Esplanade, St. Louis, Mo. Ward. St. Louis, Mo.
 (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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1890
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .. hrs. or .. min.
43 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mattress Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reliable Mattress Co.
 10. Date deceased last worked at this occupation (month and year) March, 1934 11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) Morrison
 (STATE OR COUNTRY) Missouri

13. NAME Henry Ochesky

14. BIRTHPLACE (CITY OR TOWN) Near Morrison
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Farrell

16. BIRTHPLACE (CITY OR TOWN) Near Morrison
 (STATE OR COUNTRY) Missouri

17. INFORMANT E. T. Gallagher, M.D., Act. Clin. Dir.
 (ADDRESS) Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ind. Cem., Mo. DATE 6/28 1934

19. UNDERTAKER Mullen, Derry
 (ADDRESS) 4254 Carmelle

20. FILED May 26, 1934 Boh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 19 34

22. I HEREBY CERTIFY, That I attended deceased from April 25, 19 34, to May 25, 19 34

I last saw him alive on May 25, 19 34 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Tuberculosis, Pulmonary, chronic, far advanced, active

Date of onset Unkn.

23A 23

Other contributory causes of importance: None

Name of operation None Date of
 Physical exam. X-ray, Laboratory and
 What test confirmed diagnosis? Clinical 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) A. C. GIBSON, M.D., Registrar,
 (Address) Vets. Adm. Fac., Jeff. Bks., Mo.

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.

JUN 26 1934

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