

**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. 1170

Township

Primary Registration District No. 62481A

City Freshwater Mo.

(No. St. Mary's Hospital)

File No. 19110

Registered No. 81

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3965 Gratiot St. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) June 22, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 10 27

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

Child

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) St. Louis MO

13. NAME John Berash

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

15. MAIDEN NAME Millie Horvath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

17. INFORMANT (ADDRESS) John Berash Sr. 3965 Gratiot St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic Cem. DATE 5-23-34

19. UNDERTAKER (ADDRESS) Grigoriyev Mortuary 4104 Manchester Ave

20. FILED May 21, 1934

Bertrude Pithers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/8/34 to 5/19/34, 1934

I last saw him alive on 5/19/34, 1934. Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Toxic Diarrhea - Bilateral Suppurative Otitis Media - antritis Intact of Rt. Kidney - (thrombosis of renal vein) 1934

Date of onset 5/14/34
5/8/34

Other contributory causes of importance:

Rickets - Scurvy

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) Est. Hahnwald, M. D.

(Address) St. Mary's Hosp.

JUN 26 1934

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.

