OCT 11 1934

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

Do not use this space.

34527

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003 File No. 9334

City St Louis (No. Deaconess Hospital St. ..... Ward) Registered No.....

2. FULL NAME Mary Prokisha

(a) Residence, No. 5249 Emerson St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 30 - 80

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None wife

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) Bohemia

FATHER

13. NAME Paul Kralik

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

MOTHER

15. MAIDEN NAME Anna Parlik

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

17. INFORMANT George Prokisha
(ADDRESS) 5249 Emerson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia DATE Sept 22, 1934

19. UNDERTAKER H. E. Moyaert
(ADDRESS) 1930 Gilmore

20. FILED SEP 22 1934, 19.... J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Aug 25, 1934, to Sept 19, 1934

I last saw h... alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 4:15 p. m.

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

	Date of onset
Septic Pneumonia	4 days
Cholecystitis, bacterial, obstructive	Sept 14
Operation & Recession for Aug 29-31.	
Operation for paralytic ileus,	

Other contributory causes of importance: Cause of paralysis unknown

Name of operation Anastomosis ileum Date of op. 8/29/34

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? No

If so, specify.....

(Signed) C. J. Schuler, M. D.

(Address) 945 Mo Bldg

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.

100M-11-24-33