No. 84, Body shipped for burial from another State.

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

JAN 22 1935

Do not use this space.

44227

1. PLACE OF DEATH

County St. Francois — Registration District No. 775 — File No.

Township Perry — Primary Registration District No. 6020 — Registered No. 85

City Bonne Terre Mo (No. ..... St. ..... Ward)

2. FULL NAME Seman Rewak

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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 1, 1886

7. AGE: YEARS 48 — MONTHS 6 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Wasko Rewak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) John Grivach, Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE Russian Cemetery, Desloge Mo — DATE Dec. 5, 1934

19. UNDERTAKER (ADDRESS) Benham Und. Co, Bonne Terre Mo

20. FILED 12/8, 1934 T. A. Son, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to Dec. 3, 1934

I last saw him alive on Dec. 3, 1934. Death is said to have occurred on the date stated above, at 8:30 A m.

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

Chronic myocarditis of long standing

Date of onset

Other contributory causes of importance

Name of operation none — Date of

What test confirmed diagnosis? Exam — 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) H. M. Roebler, M. D.

(Address) Bonne Terre, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.