JAN 23 1935

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. 789 — File No. 44339
Township Central — Primary Registration District No. 6033 — Registered No. 355
City ~~Pine Lawn~~ (No. 3718 Jennings Road St. ..... Ward)

2. FULL NAME Bernard L. Filla
(a) Residence, No. 1033 Irma Ave. 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)~~ Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Filla.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18. 1887
7. AGE YEARS 47 MONTHS 4. DAYS 12. If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME John. C Filla
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Catherine Max
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Mrs Frances Filla 1033 Irma Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Jan 2d. 1935
19. UNDERTAKER (ADDRESS) Jos W Clark 1125 Hodiamont Ave.
20. FILED 12-31- 1934 H A Boehme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-27-, 1934, to 12-30-, 1934
I last saw him alive on 12-30-, 1934. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lagrippe, bronchitis, sinusitis. 12/10/1934.	

Other contributory causes of importance:

Cerebral pneumococcus, meningitis. 12/27/1934

Name of operation clinical and lab Date of
What test confirmed diagnosis? 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) [signature], M. D.
(Address) 3718 Jennings Rd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD