

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

Do not use this space.

MAR 5 1935

7448

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Jewish Hospital**) St. Ward)

2. FULL NAME

George W. Schikorsky
 5028 Ridge Ave.

(a) Residence, No. St. **6** Ward.
 (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Hattie Schikorsky**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 25th, 1861**

7. AGE YEARS **73** MONTHS **3** DAYS **0** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **Upholster**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
 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) **Germany**

13. NAME **Joseph Schikorsky**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hattie Schikorsky**
5028 Ridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem. Feb. 28, 1935**

19. UNDERTAKER (ADDRESS) **Friedmann Danal**
1905 Union Blvd.

20. FILED **FEB 26 1935** **J. F. Bedeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 25th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **January 22, 1929** to **February 25, 1935**
 I last saw him alive on **February 25, 1935** Death is said to have occurred on the date stated above, at **2 P.** m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia lobar of Date of onset **2-25-35**

Other contributory causes of importance **Bronchial asthma**

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy?.....

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) **Elmer Dickman**, M. D.
 (Address) **Missouri P.O. Box 100**

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.

Mo. Theatre Bldg.

11:30 - 1:30