

APR 9 1935

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

Do not use this space.

10645

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *911 4*, *Cummett*)..... St. *53* Ward)

File No.

Registered No. **2261**

2. FULL NAME

(a) Residence, No. *911 4 Cummett* St., *53* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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) *May 7 1914*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 10 1

OCCUPATION

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

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.*

FATHER

13. NAME *Joseph Matye*

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

MOTHER

15. MAIDEN NAME *Magdalena Hedman*

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

17. INFORMANT (ADDRESS) *Joseph Matye 1911 5 Cummett*

18. BURIAL, CREMATION, OR REMOVAL PLACE *S. Peter + Paul* DATE *3-11* 19*35*

19. UNDERTAKER (ADDRESS) *Wm. B. W. & N. C. 2927 Jefferson*

20. FILED *100* - *9* 1935 19 *J. M. Bredek Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 7 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 3rd 1935* to *Mar. 7th 1935*

I last saw him alive on *Mar. 7th 4:45* 19*35*. Death is said to have occurred on the date stated above, at *9 7* a.m.

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

Bilateral lobar pneumonia Date of onset *2*

Other contributory causes of importance:

Name of operation *none* Date of.....

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) *Bernard Plub*, M. D.

(Address) *3527 Orange, St. Louis, Mo.*

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.

THE UNIVERSITY OF CHICAGO
LIBRARY

RECEIVED

APR 11 1960

1960

THE UNIVERSITY OF CHICAGO LIBRARY
540 EAST 57TH STREET
CHICAGO, ILLINOIS 60637

WASHINGTON FIELD OFFICE
WASHINGTON, D. C.

MEMORANDUM FOR THE DIRECTOR

DATE: APRIL 11, 1960

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]