

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

Do not use this space.

14895

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No. *3756*
Registered No. *3756*

2. FULL NAME

(a) Residence, No. *5576 St. Edward* St., *6* Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 29 - 1925</i>		
7. AGE	YEARS	MONTHS
	<i>9</i>	<i>9</i>
		<i>25</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>School student</i>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

13. NAME *Edward Lack*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

15. MAIDEN NAME *Julia Kurenska*

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

17. INFORMANT *Edward Lack*
(ADDRESS) *5576 St. Edward*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellevue Cemetery* DATE *Apr 27-35*

19. UNDERTAKER *Central Burial Co*
(ADDRESS) *1841 Cass St*

20. FILED *APR 25 1935*
J. J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 27 1935*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *10:45 a m*
The principal cause of death and related causes of importance were as follows:
Date of onset

Embolism of Brain, during surgical operation & following removal of sarcoma of right lung; Contrib., Thorocotomy & Thorocoplasty; Bilateral Pyelitis.
Other contributory causes of importance:
Hyperplasia of Intestinal lymph glands.

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

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) *Harold J. Palmer* M. D.
(Address) *Dep. for*
4/25/35

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.

