

JUN 2 1935

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

Do not use this space.

17804

1. PLACE OF DEATH

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

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

File No.....
Registered No. 4114
St. Ward)

2. FULL NAME

(a) Residence, No. 4260 Lafayette St., 17 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Sperka

22. I HEREBY CERTIFY, That I attended deceased from 4/17 - 1935, to 5/5 - 1935
I last saw her alive on 5-4 - 1935. Death is said to have occurred on the date stated above, at 3 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2-53

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 1 2

Chronic Myocarditis 4/27/35
930
Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None wife
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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

Incarcerated Aemia
19 days

13. NAME E. N. Wrubitsky

Name of operation Spermatomy Date of 5/23/35

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Emily Benzinger

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE May 7 1935

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) W. B. Modell

24. Was disease or injury in any way related to occupation of deceased? If so, specify Dr. Joseph Schaker

20. FILED MAY - 7 1935 J. Bredeck Registrar.

(Signed) Dr. Joseph Schaker M. D.
(Address) 90 University Club
St. Louis, Mo.

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 PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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