

AUG 9 1935

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

Do not use this space.

24449

File No. 5824
Registered No. 5824
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. _____ City _____ Hospital _____)

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) _____ St. _____ 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>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Manuel Castro</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 13 - 1910</i>				
7. AGE	YEARS <i>24</i>	MONTHS <i>8</i>	DAYS <i>23</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>St. Louis mo.</i>
13. NAME <i>John Walsh</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis mo.</i>
15. MAIDEN NAME <i>Estella Kuskowski</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland.</i>
17. INFORMANT (ADDRESS) <i>Manuel Castro 201 W. Bowen St.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mount Hope Cem.</i> DATE <i>7-8-35</i>
19. UNDERTAKER (ADDRESS) <i>Dr. P. Fendler Jr. 17128 Manchester Ave.</i>
20. FILED <i>5 1935</i> <i>J. F. Bredeck</i> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5, 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 *11:55 pm*.

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

Date of onset

Shock & Burns (1st & 2d degree) received when clothing became ignited while pouring gasoline on fire at residence

Other contributory causes of importance:

No Burning Alty. Accident

Name of operation _____ 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? *Accid.* Date of injury *7-5-35*, 19____Where did injury occur? *St. Louis Mo.*

(Specify city or town, county, and State)

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

Manner of injury *1st & 2d degree burns*Nature of injury *pouring gasoline on fire*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *John J. Sweeney*, M.D.(Address) *J. Deputy Coroner**July 8, 1935*

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.

