

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

Do not use this space.

SEP 25 1935

28313

1. PLACE OF DEATH

County St. Louis
Township _____
City Jefferson Barracks (No. Veterans)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 298
St. _____ Ward _____

2. FULL NAME SKROSKA, Felix

(a) Residence, No. 5500 Oriole St. _____ Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Skroska</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 10, 1893</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>9</u>
		<u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Joseph Skroska

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

15. MAIDEN NAME Mary Wieners

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT W. C. Gibson, M. D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter - Paul DATE Aug 27

19. UNDERTAKER H. C. Stark and Co.
(ADDRESS) 2117 Grand Blvd

20. FILED Aug 24, 1935 E. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 19 35

22. I HEREBY CERTIFY, That I attended deceased from January 30, 19 35 to August 23, 19 35

I last saw him alive on August 23, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Gastro-duodenal ulcer with severe Date of onset _____
gastro-intestinal hemorrhage 1933
Pneumonia, acute lobular 2 days

Other contributory causes of importance:

1. Adhesions of stomach and duodenum 1933
massive

Name of operation Gastro-enterostomy Date of 8-20-35

What test confirmed diagnosis? X-ray, lab. operative findings 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?
If so, specify _____

(Signed) W. C. Gibson, M. D., Chief Med. Officer
(Address) Vet. Adm. Facility, Jeff. Brks., 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.

