

OCT 30 1935

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

Do not use this space.

30656

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 60.339
City Clayton (No. St. Louis County Hospital St. _____ Ward _____)

File No. _____
Registered No. 285

2. FULL NAME

William Zykan
(a) Residence, No. 1530 Wellston Ave. St. _____ 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pansy Zykan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber's helper

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) Martinsburg, Missouri

13. NAME Wm Zykan

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

15. MAIDEN NAME Emily Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasantridge, Kansas

17. INFORMANT (ADDRESS) Mrs. Wm Zykan Jr., 1530 Wellston Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Oct 2, 1935

19. UNDERTAKER (ADDRESS) Geo. L. Pleitach Inc, 5966 Easton Ave

20. FILED 10/8, 1935 D. J. Squercili Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19.

I last saw him _____, 19. Death is said to have occurred on the date stated above, at 12:06 PM

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

Perforated duodenum ulcer, upper segment; generalized peritonitis. Date of onset _____

Other contributory causes of importance: Generalized peritonitis; toxemia. Died in St. Louis County Hospital about 6 minutes after entering.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____ 9/30/35

(Signed) Wm H. Turner, M. D. (Address) 3718 Fenway Bldg

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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