

NOV 26 1935

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

Do not use this space.

33135

1. PLACE OF DEATH

County Jefferson
Township W. Meramec
City _____ (No. _____)

Registration District No. 475
Primary Registration District No. 5580

File No. 1080
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ann Marie Liski

(a) Residence, No. _____ 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 Female 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 Frank Joseph Liski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1851

7. AGE YEARS 83 MONTHS 10 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 50 1/2

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

13. NAME Wm Standhard

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

15. MAIDEN NAME Marie Evencak

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

17. INFORMANT (ADDRESS) Josephine Boemler House Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeths Cem DATE 10/7/35

19. UNDERTAKER (ADDRESS) Wm Brimmer House Springs Mo

20. FILED 10 1935 James A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 Oct 35

22. I HEREBY CERTIFY, That I attended deceased from May, 1924 to 4 Oct 35. I last saw him alive on 3 Oct 35. Death is said to have occurred on the date stated above, at 3:24 p.m.

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

Perthous Lymph
Arterio-Sclerosis
Date of onset 1922

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) James A Townsend M. D.
(Address) House Springs Mo

WHILE PRINTING, 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.

1870-1-17

Mass.

W. H. C. C.

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