

APR 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township B-500
City St. Louis (No. 1416)

Registration District No. 791
Primary Registration District No. 21008

File No. 17583
Registered No. 4345
St. 11 Ward

2. FULL NAME

(a) Residence, No. 1416 St. Nathan Ward. 23

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX S 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Desina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1884

7. AGE YEARS 52 MONTHS Unknown DAYS Unknown If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stump
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prof.
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) Austria

13. NAME Michael Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT St. Peter Paul (ADDRESS) St. Peter Paul

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul (DATE) Apr. 23, 36

19. UNDERTAKER H. G. Snaydell (ADDRESS) 1926 Allen

20. FILED APR 21 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/36, 19

I HEREBY CERTIFY, That I attended deceased from 4/10 1936 to 4/20/36, 19...
I last saw him alive on 4/20, 1936. Death is said to have occurred on the date stated above, at 6:40 a.m.

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

abcess of rt. side of back
non I.D. non-traumatic
Cause Unknown

Other contributory causes of importance:

Chronic myocarditis 93c

Name of operation..... Date of.....
What test confirmed diagnosis?..... none..... 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) J. M. Byrd, M. D.
(Address) City, St. Louis

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.

