

JUN 26 1936

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

Do not use this space.

21598

1. PLACE OF DEATH

County St. Louis
Township
City University City (No. 7154 Delmar Ave.)

Registration District No. 1160
Primary Registration District No. 4475

File No.
Registered No. 71 St. _____ Ward)

2. FULL NAME Helen Barkach,

(a) Residence, No. 7154 Delmar 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-keeper

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) Hungary

13. NAME John Barkach

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

15. MAIDEN NAME Mary Kovins

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

17. INFORMANT Geo. Barkach
(ADDRESS) Fairmount City, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair Memorial Park Cem
French Village, Ill. DATE June 1, 1936

19. UNDERTAKER Robert J. Cunningham
(ADDRESS) 6633 Clayton St

20. FILED June 1, 1936 Lena V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/36 19

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 1 A. m.

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

From every evidence, Fela De Ce. Date of onset
Drank contents of bottle of zonite causing complete destruction of the esophagus and stomach. Excessive hemorrhage due to destruction of the mucous membrane of stomach. Charring or escharotic severity of such extent that caused rupture of the

Name of operation OVER Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city, town, county, and State)
Specify whether injury occurred in industry, in _____, 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) Luke B. Turner M. D.

(Address) 3718 Jennings St

Quinn Thomas B., M.D.

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.

lesser curvature of stomach, permitting all the contents of stomach including the blood to escape into the abdominal cavity. This also caused charring of the diaphragm and of the left lobe of liver.

Found lying on the floor at 12:30 AM in her room, moaning and groaning. Doctors were called; police department called; but died shortly after.

Secondary; Poisoning from absorption of chlorine acid gas. Destruction of the entire stomach; destroying arterial supply causing excessive internal hemorrhage.