

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

24491

JUN 23 1936

1. PLACE OF DEATH

County 1727 So. 10th St.
 Township St. Louis
 City Missouri (No.)

Registration District No. **1003**
 Primary Registration District No.

File No.
 Registered No. **6110**
 St. Ward)

2. FULL NAME

Helen Sapsak Jakowac
 (a) Residence, No. 1727 So. 10th St. St. 23 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? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John Jakowac

22. I HEREBY CERTIFY, That I attended deceased from June 8th 1936 to June 18th 1936
 I last saw her alive on June 12th 1936, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 0 0

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

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

Rephritis Chronic June 13
131
 Other contributory causes of importance:
Valvular disease of heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

Name of operation Date of
 What test confirmed diagnosis? Physical Ex. Was there an autopsy? No.

FATHER 13. NAME Frank Bakon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

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

MOTHER 15. MAIDEN NAME Anna (Unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT John Jakowac
 (ADDRESS) 1727 So. 10th St.

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE 6/16/36 19

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify

19. UNDERTAKER Charles 1716 So. Jeff
 (ADDRESS)

(Signed) Edward Wenzel, M. D.
 (Address) 2002 S. B. Dick

20. FILED **JUN 15 1936** J. F. Bredeck
 Registrar.

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.

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