OCT 5 1936

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

Do not use this space.

35528

File No. 9112

Registered No.

1. PLACE OF DEATH

County

Township

City St.Louis (No. 2841 Ohio Ave , St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Edward Kasal

(a) Residence, No. 2841 Ohio Ave. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	6	3	

OCCUPATION

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

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) St.Louis Mo

FATHER

13. NAME Alvin Kasal

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

MOTHER

15. MAIDEN NAME Rose Seyfert

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

17. INFORMANT Rose Kasal
(ADDRESS) 2841 Ohio Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Sept 3 36 19

19. UNDERTAKER Thos. Kutis
(ADDRESS) 2906 Gravois Av.

20. FILED SEP 2 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936, to Sept 3, 1936
I last saw him alive on Sept. 2, 1936 Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

Acute enteritis — Date of onset Sept 1/36
cause unknown
119 B

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify

(Signed) L. A. Pond Stein, M. D.
(Address) 2711 Gravois

WRITE PLAINLY, 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.

GSM-3-28-35