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.

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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 4128

Registered No. 1171

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Anthonys Hospital St. Ward)

2. FULL NAME Mamie Liska

(a) Residence, No. 3412 Itaska St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/27/92

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	15	

OCCUPATION

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

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

FATHER

13. NAME Louis Veselsky

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Edger Liska
(ADDRESS) 3412 Itaska St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE 1/25/37 19

19. UNDERTAKER W. C. Mondel?
(ADDRESS) 1926 Allen Ave.

20. FILED JAN 26 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22/37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15. 1937, 19, to Jan. 22. 1937, 19

I last saw her alive on Jan. 22. 1937 19. Death is said to have occurred on the date stated above, at 8-45 a m.

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

	Date of onset
Mid Cerebral Haemorrhage.	1/15/37

Other contributory causes of importance:

Chr Nephritis and Diabetes Mel.

Name of operation Date of

What test confirmed diagnosis? Regular 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) Willard J. Faus, M. D.

(Address) 4535 Virginia Ave.