

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County.....
Township.....
City St Louis mo. (No. Barnes Hospital)

Registration District No. 7003
Primary Registration District No. 1003
City Barnes Hospital

File No. 4161
Registered No. 1204
St. _____ Ward _____

2. FULL NAME Marie Triska

(a) Residence, No. 2002 South 18th St. St. 23 Ward. 1
(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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 12 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 13

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) **St Louis**
(STATE OR COUNTRY) **MO**

FATHER
13. NAME **Joseph Ermantraut**

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

MOTHER
15. MAIDEN NAME **Mary Klepl**

16. BIRTHPLACE (CITY OR TOWN) **Bohemia**
(STATE OR COUNTRY)

17. INFORMANT **Joseph Triska**
(ADDRESS) **2002 S 18th**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Oak Grove** DATE **Jan 28** 1937

19. UNDERTAKER **Thos Kutis**
(ADDRESS) **2906**

20. FILED **1937** 19 **27** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 25, 1937**

22. I HEREBY CERTIFY: That I attended deceased from **12-4-1937** to **1-25-1937**

I last saw her alive on **1-25-1937**. Death is said to have occurred on the date stated above, at **11:30 P.M.**

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

Septicemia from Carcinoma of Ovary Date of onset

Other contributory causes of importance: **Carcinoma of Ovary.**

Suppuration of Rt. Breast
Name of operation _____ Date of _____ **3/5/36**

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? _____

If so, specify _____
(Signed) **William H. Newell** M. D.

(Address) **BARNES HOSPITAL**

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.

