

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.

(No. En Route City Hospital #)

File No. 4185

Registered No. 1229

St. Ward

2. FULL NAME

John Kikas

(a) Residence, No. 4742 Heidelberg

St. N.R. Ward. Gardenville Mo.

(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

Male

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

Tekla Kikas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 53 Unknown Unknown

OCCUPATION

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

Cement worker

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)

Lithuania

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

John Kikas, Jr. 4742 Heidelberg

18. BURIAL, CREMATION, OR REMOVAL

PLACE S.S. Peter & Paul DATE 1/29/37

19. UNDERTAKER

(ADDRESS)

W. C. Magdell 1926 Allied Ave.

20. FILED

JAN 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased (from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of case:

Fractured skull. Internal hemorrhage from ruptured liver, laceration of pulmonary vein received when car driven by deceased skidded on some ice striking a trolley pole in St. Louis, Mo.

Other contributory causes of importance:

driven by deceased skidded on some ice striking a trolley pole in St. Louis, Mo.

Name of operation..... Accident Date of.....

What test confirmed diagnosis?..... Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/26, 1937

Where did injury occur? St. Louis, Mo.

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... In Public Place

Nature of injury..... fracture of skull

24. Was disease or injury in any way related to occupation of deceased? ye

If so, specify.....

(Signed) Alfred J. Gray M.D.

(Address) Deputy Coroner

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.

