

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

Do not use this space.

MAR 5 - 1937

791

8760

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....
City **St. Louis, Missouri** (No.)

Primary Registration District No. **1003**
City Hospital No. 1 /

File No. **2325**

Registered No.

St. Ward)

B. 15662

2. FULL NAME

John Moka

(a) Residence, No. **Ozanam Shelter** St. **11** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 6, 1861**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	0	2	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Coal**

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) **Austria**

13. NAME **Mike Moka**

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

15. MAIDEN NAME **Annie Unknown**

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

17. INFORMANT (ADDRESS) **Hosp. Info. M.H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U.** DATE **2-13** 19**37**

19. UNDERTAKER (ADDRESS) **W Richter 3500 Rutger St**

20. FILED **23 1937** 19 **27** **1937** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/8/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **1/29/37** 19**37**, to **2/8/37** 19**37**.

I last saw h. **him** on **2/8/37** 19**37**. Death is said to have occurred on the date stated above, at **8.30a**

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

Cerebral thrombosis - right Date of onset **2/8/37**
Sen. arteriosclerosis
Senile Dementia

Other contributory causes of importance:
Sen. arteriosclerosis
Senile Dementia

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?.....
If so, specify.....
(Signed) **Charles M. Jesuit**, M. D.
(Address) **City Hospital No. 1**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

123

