

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.

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No.....  
Primary Registration District No.....  
(No. 1826 Lafayette Ave)

791  
1003

File No. 10819  
Registered No. 3393  
Ward.....

2. FULL NAME Martin Siman

(a) Residence, No. 1826 Lafayette St., 23 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1852

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
About 84 5 -

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

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

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) Bohemia

13. NAME Siman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Slovka 1826 Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE March 29 1937

19. UNDERTAKER (ADDRESS) Thos. Luitis 2906 Gravois Ave.

20. FILED MAR 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3 1937, to March 26 1937

I last saw h. a. m. alive on March 26 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Chronic myocarditis - auricular fibrillation. Date of onset months ago

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of.....  
What test confirmed diagnosis? O. E. 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) Wm. J. Wolfson, M. D.  
(Address) 1040 Emmet

830  
1-37

