

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Genevieve*Registration District No. *780*Township *St. Genevieve*Primary Registration District No. *6025*

City (No.) St. Ward)

File No. *13280*Registered No. *13*2. FULL NAME *Anna Nestak*

(a) Residence, No. St. Ward.

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Nestak</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 16 1886</i>		
7. AGE	YEARS <i>51</i>	MONTHS <i>2</i>
	DAYS <i>3</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>
	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) *Austria-Hungary*
(STATE OR COUNTRY) *Europe*13. NAME *Adam Turson*14. BIRTHPLACE (CITY OR TOWN) *Austria-Hungary*
(STATE OR COUNTRY) *Europe*15. MAIDEN NAME *Anna Nestak*16. BIRTHPLACE (CITY OR TOWN) *Austria-Hungary*
(STATE OR COUNTRY) *Europe*17. INFORMANT *Mary Nestak*
(ADDRESS) *St. Genevieve Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Genevieve Mo* DATE *March 15 37*19. UNDERTAKER *Geo. S. Gasler*
(ADDRESS) *St. Genevieve Mo*20. FILED *Mar 15 1937* *T. W. Douglas*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar-13* 19*37*22. I HEREBY CERTIFY, That I attended deceased from *Mar-13-* 19*37*, to *Mar-13-* 19*37*.I last saw her alive on *3/13/* 19*37*. Death is said to have occurred on the date stated above, at *9:15 A.* m.

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

Coronary Occlusion -

Date of onset

3/12/37

Other contributory causes of importance:

arterio-sclerosis -

2.

Name of operation

Date of

What test confirmed diagnosis? *Clinical*. 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) *Robert H. Louwring*

M. D.

(Address) *St. Genevieve Mo -*

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.

