

APR 27 1937

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

Do not use this space.

13536

1. PLACE OF DEATH

County St. Louis CoRegistration District No. 790Township ClaytonPrimary Registration District No. 6033aCity St. Louis(No. St. Louis Co. Hospital)

File No.

Registered No. 81

St. Ward)

2. FULL NAME

(a) Residence, No. 9800 So. Broadway 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. 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) Nov. 8/1915

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

21316

OCCUPATION

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

none

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 Mo
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Engene Bristol14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Clara Koshowsky16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)17. INFORMANT Katherine Koshowsky
(ADDRESS) 3431 E. Pestalozze

18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE Feb 27 193719. UNDERTAKER Genies Undertaking Co
(ADDRESS) 7420 Michigan Ave20. FILED Feb 26 1937 D. J. Signorile
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10⁰⁰ pm.

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

Burns & scalding of the
entire body. (Cause
of which is undetermined)

Date of onset

2/24/37

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis Pathol. exam. Was there an autopsy? Yes

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

Accident, suicide, or homicide? None known Date of injury Feb 24, 1937Where did injury occur? Possibly in company, Mo.

(Specify city or town, county, and State)

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

Manner of injury Don't knowNature of injury BURNS & SCALDS ON ENTIRE BODY24. Was disease or injury in any way related to occupation of deceased? Don't know

If so, specify

(Signed) John O'Sullivan M. D.(Address) James Square, St. Louis County

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.

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