

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

MAY 31 1937

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

90 County St. Louis Registration District No. 1123 File No. 17639
 Township Gravois Primary Registration District No. 6248G Registered No. 177
 City St. Louis (No. 5108) Waldo St. _____ Ward _____

2. FULL NAME Philomena Barsa

(a) Residence, No. 5108 Waldo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 6 7

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

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 (STATE OR COUNTRY) Mo

13. NAME John Rocejál

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

15. MAIDEN NAME Unknown

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

17. INFORMANT 5108 Waldo Mary Stech

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

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

20. FILED April 27 1937 L. Mowrey Registrar

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

I HEREBY CERTIFY, That I attended deceased from April 26 1937 to April 26 1937

I last saw her alive on April 26 1937 Death is said to have occurred on the date stated above, at 12:00 m.

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

Angina pectoris Date of onset April 1937

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. E. Turek (Turek) M. D.

(Address) 2540 W. 11th St.

This certificate may be properly classified. Exact statement of OCCUPATION is very important.

2560 S. BEFFERSON

DR. ALOIS TUREK