

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis**

(No. **2348 So. 9th.**)

File No. **22274**

Registered No. **6026**

St. _____ Ward _____

2. FULL NAME **Anna Sarakas**

(a) Residence, No. **2348 So. 9th.** St. **23** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt. 1886**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
abt. 51 **Unknown**

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) (STATE OR COUNTRY) **Lithuania**

13. NAME **Martin Walasin**

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

15. MAIDEN NAME **Theresa Stankavich**

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

17. INFORMANT **John Sarakas** (ADDRESS) **2348 So. 9th. St.**

18. BURIAL, CREMATION, OR REMOVAL

S. S. Peter & Paul DATE **6/22/37**

19. UNDERTAKER **N. C. Maydell** (ADDRESS) **1926 Allen, Ave**

20. **1937 I & NR** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/20/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **April 27**, 1937, to **June 20**, 1937

last saw him alive on **June 19**, 1937. Death is said to have occurred on the date stated above, at **4:30** a. m.

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

Acute myocarditis (cause unknown) Date of onset

Other contributory causes of importance: **Neurasthenia (non-traumatic)** **93a**

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? **no** 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) **P. Bell** _____, M. D.

(Address) **Erico Bell** _____

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.

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