

116 - 5 1937

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

Do not use this space.

25529

1. PLACE OF DEATH

County.....

Township.....

City St. Louis (No.)

Registration District No. 791

Primary Registration District No. 1003

City Hospital No. 1

File No.

Registered No. 6703

St. Ward)

C. 2316

2. FULL NAME

Paul Lyga

(a) Residence, No. 4345 Itaska St. 13 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*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Lyga

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 11 20

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

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

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) St. Louis, Missouri

MOTHER FATHER 13. NAME Harrison Lyga

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

MOTHER 15. MAIDEN NAME Theresa ?

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

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE July 15, 1937

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

20. REGISTRAR J. H. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/37, 19..

22. I HEREBY CERTIFY, That I attended deceased from 5/18/37, 19.. to 7/11/37, 19..

I last saw him live on 7/11/37, 19.. Death is said

to have occurred on the date stated above, at 12.15 a

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

Pulmonary tuberculosis Date of onset

Other contributory causes of importance:

Name of operation Date of operation
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. P. Reh, M. D.
(Address) City Hosp. #1

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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