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.

SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Central St. Louis
Township: Wellston
City: (No. 6439, Myrtle Ave. St. Ward)

Registration District No. 789
Primary Registration District No. 6033B

File No. 31760
Registered No. 229

2. FULL NAME Helen Razgenity
(a) Residence, No. 6439 Myrtle Ave. St., Central Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Razgenity

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25, 1874

7. AGE: YEARS 63 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year): June 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

FATHER
13. NAME: John Milvid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT (ADDRESS): Daniel Razgenity, Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary, St. Louis Mo. DATE: Aug. 30, 1937

19. UNDERTAKER (ADDRESS): John Kassly, East St. Louis Ill.

20. FILED 8-20-1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/21, 1937, to 8/16, 1937
I last saw her alive on 8/21, 1937. Death is said to have occurred on the date stated above, at 3:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	

Other contributory causes of importance:
Coronary sclerosis

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? .....
If so, specify .....
(Signed) L. F. Hayden, M. D.
(Address) 5899 Delmar