

OCT 26 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis  
 Township Carondelet  
 City St. Louis (No. 1)

Registration District No. 1123Primary Registration District No. 6248 E  
9466 S. Broadway

File No.

35355

Registered No.

360

St. St. Louis Ward 1

## 2. FULL NAME

Theresa Sichra

(a) Residence, No.

9466 S. 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 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

Antohn Sichra

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

Nov. 1<sup>st</sup> 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

3562102

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

house wife

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)

11. Total time (years) spent in this occupation

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

Yugoslavia

13. NAME

Joseph Stipanovich

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

Zagorica

15. MAIDEN NAME

Dont / Grew

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

Rudolph Sichra

17. INFORMANT (ADDRESS)

9466 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Hope Cem

DATE

Sept 6, 1937

19. UNDERTAKER (ADDRESS)

Fendler Und. Co.  
7420 Michigan

20. FILED

Sept. 619.37G. Mowry  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Sept 3 1937

22. I HEREBY CERTIFY, That I attended deceased from

9/1/37 1937 to 9/3 1937I last saw her alive on 8/27 1937 Death is saidto have occurred on the date stated above, at 10:30 A.M.

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

Chronic myocarditis Date of onset 1933

Other contributory causes of importance:

Coronary occlusion 9/3/37

Name of operation

None

Date of

What test confirmed diagnosis?

Black puncta

Was there an autopsy?

No

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) John H. McGuire M. D.

(Address)

9101 So. Broadway

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.

