

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.

DECEMBER 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. 12145
Township Louiselet Primary Registration District No. 202 Registered No. 561
City North (No. 1404 West) St. _____ Ward _____

2. FULL NAME

Andrew Striac (Stimac)

(a) Residence, No. 910 Essey St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds. (If nonresident, give city or town and State)

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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>1</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill
10. Date deceased last worked at this occupation (month and year) 1-9-30
11. Total time (years) spent in this occupation 20

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

13. NAME Nick Striac

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

15. MAIDEN NAME Dora ?

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

17. INFORMANT (ADDRESS) North Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Park DATE Mar 28 1936

19. UNDERTAKER (ADDRESS) Wm C. Moydel 1976 Alton

20. FILED 325 1936 W. H. McGuire Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936 to 3-25, 1936

I last saw him alive on 3-24, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Pulmonary Tuberculosis Date of onset 1930

Other contributory causes of importance: Myocardia of the heart 1935

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum 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) Israel Jerome Flaxer D.
(Address) Robert Koch Hospital

203

