

REC'D JUN 9 1938

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

16733  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis, Missouri** (d) Street No. **5430 Thrush Street** St. **7**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Johanna Lisk**  
(a) Residence, No. **5430 Thrush Street** St. **7**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 6, 1899**

7. AGE YEARS **38** MONTHS **8** DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Seamstress**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **August, 1937** 11. Total time (years) spent in this occupation. **15 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Ashley** (STATE OR COUNTRY) **Illinois.**

FATHER 13. NAME **Joseph Lisk** 14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Johanna Melniak** 16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Poland**

17. INFORMANT **Mrs. Wm. A. Dannager** (ADDRESS) **5430 Thrush Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **5/21, 1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Ave.**

20. FILED **MAY 19 1938** **J.F. Bredick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **6:38** m.

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

**Strangulation due to hanging, with roller towel around neck on second floor at 5430 Thrush Ave May 18th 1938 about 6:38 P.M. Suicide**

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **suicide** of injury **5/18/38** Where did injury occur? **St. Louis Mo** (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury..... Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify **Alfred Perry M.D.** (Signed) **Alfred Perry** (Address) **Deputy Coroner**

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *Albert H. Hoff*  
Licensed Embalmer No. *1861*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**