

REC'D JUN 9 1938

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

17035

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **4896**  
(c) City **St. Louis, Mo.** (d) Street No. **Alexian Hospital** St.  
(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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

**Mathias Jaros 620**  
(a) Residence, No. **Eureka, Mo.** St. **NR** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **2x** (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Jaros**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 15, 1876**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**63 8 12**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
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)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo. 0**

FATHER 13. NAME **Mathias Jaros 0**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri 9**

MOTHER 15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk nown**

17. INFORMANT **Agnes Ensrud**  
(ADDRESS) **3822 Chippewa**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park 5/30/38** 19.

19. FUNERAL DIRECTOR **Edith E. Ambruster**  
(ADDRESS) **4234 Manchester**

20. FILED **MAY 27 1938** **J. T. Bredebeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/27/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **Nov 1937**, to **May 27 1938**  
I last saw him alive on **May 26, 1938** Death is said to have occurred on the date stated above, at **2:00 A. M.**  
The principal cause of death and related causes of importance were as follows:

Date of onset  
**Acute Endocarditis 6 da.**  
**Chronic Parenchymatous Nephritis 6 years**  
**11. Sclerosis of brain 1 year**  
Other contributory causes of importance:  
**1240**

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 **AAA Mueach** M. D.  
(Signed) **AAA Mueach**  
(Address) **7405 Mich. Av**

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

I. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Florenz Eynck  
Licensed Embalmer No. 1284

**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.)**