

REC'D NOV 16 1938

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

33938

Do not use this space.

1. PLACE OF DEATH

(a) County W Registration District No. 791
(b) Township W Primary Registration District No. 1003
(c) City St. Louis (d) Street No. St. Lukes Hospital Registered No. 8924
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ethel Sasko

(a) Residence, No. 467 Truman St. St. Hammon, Ind.
(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) Dec. 25th, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 9 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Hammond, Ind.

FATHER 13. NAME Paul Sasko

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

MOTHER 15. MAIDEN NAME Anna Vzurovick

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

17. INFORMANT (ADDRESS) Paul Sasko
467 Truman St., Hammond, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammond, Ind. DATE Oct. 13th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wrethmann Funeral
1905 Union Blvd.

20. FILED Oct. 13 1938 J. J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-9-38, 1938, to 10-12-38, 1938.
I last saw her alive on 10-12-38, 1938. Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Tumor of brain (malignant) (Medulla oblongata) Date of onset 10-9-38

Other contributory causes of importance: 53C

Name of operation Cerebral Crematory Date of 10-15-38
What test confirmed diagnosis? Was there an autopsy? Yes

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 John W. Reardon, M. D.
(Signed) John W. Reardon, M. D.
(Address) St. Lukes Hospital
6335 Delmar

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.....

Warren A. Caswe

Licensed Embalmer No. _____

3534

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.