

DEC 1 - 1938

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

37370
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791
(b) Township..... 1 Primary Registration District No. 1003
(c) City..... St. Louis (d) Street No. 1838 Menard
(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.

Registered No. 9697

2. PRINT FULL NAME

299 Alex Sisak
(a) Residence, No. 1838 Menard St. 23
(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 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 Mary Sisak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 70 Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Russia 7

FATHER 13. NAME Anton Sisak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

MOTHER 15. MAIDEN NAME Mary Partek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

17. INFORMANT Mary Sisak (ADDRESS) 1838 Menard, St.

18. BURIAL, CREMATION, OR REMOVAL New S.S. PETER & PAUL DATE 11/10/38

19. FUNERAL DIRECTOR (NAME) Wm. C. Moydell (ADDRESS) 1926 Allen, Ave.

20. FILED NOV 9 1938 J. E. Breder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1938
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to Oct. 31, 1938
I last saw him alive on Oct. 31, 1938. Death is said to have occurred on the date stated above, at 10 P.M. 11/7/38
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:
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.....
(Signed) V. E. Friedman, M. D.
(Address) City Hospital

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.....

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen Ave

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.