

DEC 17 1938

St. Louis Mo
JAN 6 1939

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

44480
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Co 2 Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 2059
 (c) City Pine Lawn 1 (d) Street No. 6120 Bircher 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Kocian
 (a) Residence, No. 6120 Bircher St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 Th 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 ----- 2 -- 4 --

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
 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) ILL 1

13. NAME Joseph Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsace Lorain 7

15. MAIDEN NAME Therisa Jud

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

17. INFORMANT (ADDRESS) Regina Dzierwa
6120 Bircher

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec, 20 Th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edmund Koch
3516 414 St

20. FILED DEC 17 1938 DR Meyer M. D. D. S.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Dec 16 1938
I last saw h. he alive on Dec 16 1938 Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with Date of onset
retired sclerosis
930

Other contributory causes of importance:
Chronic Bronchitis

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) E. J. D. Baker M. D.
(Address) 2206 Howard St

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. *1391*

P. O. Address. *4106 Boston*

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.