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

REC'D JUL 12 1939

20150
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1 791

(b) Township or ..... Primary Registration District No. 2 1003 Registered No. 4994

(c) City St. Louis (d) Street No. Jewish 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmyra Ziska

(a) Residence, No. ..... St. WR East St. Louis, Ill.
(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: F

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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1914.

7. AGE: Years 24 | Months 10 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sch'l. Teacher.

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) East St. Louis Ill.

FATHER

13. NAME John Ziska

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill.

MOTHER

15. MAIDEN NAME Elymra M'Graw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis Ill.

17. INFORMANT John Ziska
(ADDRESS) 1421 St. Clair.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis, Ill. DATE 6-3 1939

19. FUNERAL DIRECTOR (NAME) Nell Walsh Barnes
(ADDRESS) 1476 St. Louis Ave

20. FILED JUN 2 1939 J. B. Budwell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1939

22. I HEREBY CERTIFY That I attended deceased from May 1 1939, to May 31 1939

I last saw h. alive on May 31 1939. Death is said to have occurred on the date stated above at 11:30 A m.

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

Submucous fibroid
Post-partum
Fibroid Uterus Begin

Date of onset

Other contributory causes of importance:

Operation Fibroid Uterus

Name of operation Date of 1938

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) Jam S Gaylord M. D.
(Address) St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X16605

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.