

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

Do not use this space.

2886

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Albion Bro Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. E 470
St. Ward)

2. FULL NAME

John Settich

(a) Residence 1727 Park St. 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Settich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1890

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>Abt</u>	<u>37</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cafe Owner
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)

10. NAME OF FATHER Pete Settich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ida Modruch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)

14. INFORMANT Mary Settich
(Address) 1727 Park

15. FILED JAN 13 1928 Max B. Starkeoff
19- REGISTRY

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) January 12 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 20, 1927, to January 12, 1928 that I last saw him alive on Jan. 12, 1928, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
83
76 (duration) yrs. mos. ds.
Tabo-paresis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. Mullerberg, M. D.

Jan. 13, 1928 (Address) 375 Frisco Bldg St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul DATE OF BURIAL Jan 14 1928

20. UNDERTAKER Tom L. Moydell ADDRESS 1926 Allen

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.

