

NOV 28 1930

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

Do not use this space.

27256

1. PLACE OF DEATH

County St. Louis
Township Beaumont
City Overland (No. 3528 Dix)

Registration District No. 789
Primary Registration District No. 6033B

File No. _____
Registered No. 324
St. _____ Ward _____

2. FULL NAME

Otto Korasick

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Korasick</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 4 1890</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>11</u>	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Grocery clerk</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) St. Louis MO

10. NAME OF FATHER Anton Korasick

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

12. MAIDEN NAME OF MOTHER Emma Eberhardt

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

14. INFORMANT Ms. Ruth Korasick
(Address) 3528 Dix Av. Overland Mo

15. FILED 11/11 1930 Opela Bracy M.D. REGISTRAR

7 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw E. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
4770 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Osium of its lungs
(duration) _____ yrs. _____ mos. _____ ds.

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

0 DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
" (Signed) John W. Donnelly, M. D.
" (Address) Overland Mo

*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 Memorial Park DATE OF BURIAL 11-12 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

