

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

Do not use this space.

23276

1. PLACE OF DEATH

County.....

Registration District No. **794**

Township.....

Primary Registration District No. **1008**

City, St. Louis (No. 2108) Sidney

File No.

Registered No. **6740**

St. Ward)

2. FULL NAME

(a) Residence No. 2108 Sidney St. 13 Ward. (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>Anna Ziska</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22, 1866</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teaman</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>shoe factory</u>
	10. Date deceased last worked at this occupation (month and year) <u>retired 10 yrs</u>	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
FATHER	13. NAME <u>Joseph Ziska</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czech. Slovakia</u>
	MOTHER	15. MAIDEN NAME <u>Barbara Zelenska</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czech. Slovakia</u>	
17. INFORMANT (ADDRESS) <u>Edu. Ziska</u>	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>6-20-1931</u>	
19. UNDERTAKER (ADDRESS) <u>W. C. Maydell</u>	20. FILED <u>20 1931</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-1931

22. I HEREBY CERTIFY, That I attended deceased from June 14 1931, to June 18 1931, last saw him alive on June 18 1931. 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:
Acute Bronchitis non tubercular

Other contributory causes of importance:
Acute Myocarditis

Name of operation chest x-ray Date of June 14 31

What test confirmed diagnosis? chest x-ray Was there an autopsy? no

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) W. C. Maydell M. D.
(Address) 606 S. Washington

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.

Registrar

