

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.

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

Do not use this space.

26384

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

791
Registration District No. 1003
Primary Registration District No.

File No.
Registered No. 7526
St. Ward)

2. FULL NAME

(a) Residence, No. 1261 So. 3rd St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 4 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>Mary Wlasowich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 52</u>	MONTHS	DAYS
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe worker</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Russia</u>	
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	17. INFORMANT <u>Bernard T. Koon</u> (ADDRESS) <u>5300 Grand St.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthew Cem.</u> DATE <u>July 7 - 1931</u>	
19. UNDERTAKER (ADDRESS) <u>J. J. Zahay, 111 Madison Alley</u>		
20. FILED <u>W. E. Marking</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to July 3, 1931.
I last saw him alive on July 3, 1931. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
General Paralysis of the Insane (Syphilitic) Date of onset 3/17/31

Other contributory causes of importance:
83
34
83

Name of operation None Date of.....
What test confirmed diagnosis? Chadwick Lab. 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? No.
If so, specify.....
(Signed) Bernard T. Koon, M. D.
(Address) 5300 Grand St.

