

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

Do not use this space.

39392

File No. 11582

Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 1781
Township _____ Primary Registration District No. 5008
City St. Louis (No. 3922 - Oregon Ave)

2. FULL NAME

(a) Residence, No. 3922 Oregon St. Ward. 24

(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>Anna Bajacek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 19 - 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS <u>29</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>Cigar Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lampert Cigar Co</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1931

22. I HEREBY CERTIFY That I attended deceased from Oct. 23rd, 1931, to Nov. 17, 1931

I last saw him alive on Nov. 17, 1931. Death is said to have occurred on the date stated above, at 9:45 p.m.

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

Perinious Anemia Date of onset Feb. 1921

7/A 7/A

Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>
	13. NAME <u>Paul Bajacek</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Anna Bajacek</u> <u>3922 - Oregon Ave</u>
BURIAL, CREMATION, OR REMOVAL	18. PLACE <u>New St. Marcus</u> DATE <u>Nov 29</u> 19 <u>31</u>
	19. UNDERTAKER (ADDRESS) <u>Waggers Selders</u> <u>233 N. 2nd St.</u>
20. FILED <u>19 31</u> Registrar.	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? W

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) Edward J. Kelly, M. D.
(Address) 1725 So. 7th

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.

