

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

Do not use this space.

37991

File No. _____
Registered No. 9615
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City Wasp)

2. FULL NAME

(a) Residence, No. 5969 Page St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60. = 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor in cemetery
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

13. NAME Mike Flango

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Catherine P.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Wasp City Wasp (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St. Peter Cem. DATE Nov. 8, 1933

19. UNDERTAKER Jos. W. Clark (ADDRESS) St. Nicholas Ave.

20. FILED J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-4, 1933, to 11-6, 1933

I last saw him alive on 11-6, 1933. Death is said to have occurred on the date stated above, at 8:00 m.

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

Lobar Pneumonia
Lung Abscess
Date of onset _____
Other contributory causes of importance _____

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) St. Louis, M. D.

(Address) City Wasp

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.

JAN 8 1934

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