

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.

FEB 27 1934

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

Do not use this space.

3230

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St Louis* (No. *3519*) *Tennessee ave* St. Ward)

File No.
Registered No. **890** Ward)

2. FULL NAME

Adolf M. Deba

(a) Residence, No. *3519 Tennessee ave* 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna Deba*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 11, 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76. 8. 13.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Day Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) *St Louis MO.*

13. NAME *Anthony Deba*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bohemia*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bohemia*

17. INFORMANT *Anna Deba* (ADDRESS) *3519 Tennessee ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St City 1 Paul* DATE *Jan 26 1934*

19. UNDERTAKER *Thorsluths* (ADDRESS) *2906 Greaves ave*

20. FILED *1934* *J. J. Bedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 24, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 25 1933* to *January 24, 1934*

I last saw him alive on *Jan 21, 1934*. Death is said to have occurred on the date stated above, at *2:15 a.m.*

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

Chronic Myocarditis Date of onset *1932*

Other contributory causes of importance *Chronic Interstitial Nephritis* *1932*

Name of operation Date of
What test confirmed diagnosis? *urinalis* 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) *Hubert Jeunoman* M. D.
(Address) *4602 Greaves St Louis*

