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.

100M-11-24-33

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

Do not use this space.

SEP 13 1934

791

30899

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8162

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 2111 E Warne Ave St. ..... Ward)

2. FULL NAME Mary W. Bukoske

(a) Residence, No. 2111 E Warne St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Bukoske

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-29-1850

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 84 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Germany

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Tillie Bukoske 2111 E Warne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8-10 1934

19. UNDERTAKER (ADDRESS) H. A. Stock Und Co 2111 E. Grand

20. FILED AUG 9 1934 19 J. F. Brebeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/6/ 1934, to 8/7/ 1934

I last saw her alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 12 15 P m.

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

| | Date of onset |
|---|---|
| Acute | Aug. |
| Bronchio-Pneumonia (non tuberculous) | 6/34 |

Other contributory causes of importance:

Cause by the La Grippe

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) James A. Dickson, M. D.

(Address) 5801 Easton

Mr James A. Dickson
5801 Easton Ev 9044