

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 415991)

Registration District No. 1003
Primary Registration District No. City of St. Louis

File No. 3846
Registered No. 1121
St. 1121 Ward

2. FULL NAME

(a) Residence, No. 2535 - Phoenicia St. Phoenicia Ward 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Motusko

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sender

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) Russia

13. NAME Alex Motusko

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

15. MAIDEN NAME Sophya

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

17. INFORMANT (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope Cemetery DATE 2-1-36

19. UNDERTAKER (ADDRESS) Central Burial Co Inc
1841 Cass Ave

20. FILED 31 1003 19 36
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28/36 19 36

22. I HEREBY CERTIFY, that I attended deceased from 1/11/36 to 1/28/36, 19 36

I last saw deceased alive on 1/28/36 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Chronic Lead Poisoning Date of onset
Solar Pneumonia

Other contributory causes of importance: 77a

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, 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) J. Bredeck M. D.

(Address) City

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.

STATE BOARD OF HEALTH, ST. LOUIS, MISSOURI—THIS IS A PERMANENT RECORD

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