MAY 7 1937

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

Do not use this space.

14380

791

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File No. 3856

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No.1 St. Ward)

Registration District No.

Primary Registration District No.

B.451

2. FULL NAME Anton Yereb

(a) Residence, No. 1112 South 9th St. 22 Ward.
(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: 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: ROSINA YEREB.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1856

7. AGE: 81 YEARS | MONTHS | DAYS: 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Austria

FATHER

13. NAME: UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): AUSTRIA

MOTHER

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): AUSTRIA

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S.S. Peter & Paul Cem DATE: APRIL 14, 1937

19. UNDERTAKER (ADDRESS): E. J. Schnur 3/2 S Lafayette av.

20. FILED: APR 12 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/11/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10/37, 19 to 4/11/37, 19

I last saw him alive on 4/11/37, 19 Death is said to have occurred on the date stated above, at 1.20 p.

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

Degenerative heart disease

Date of onset

Other contributory causes of importance:

Bronchopneumonia

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) [signature], M. D.

(Address) City Hospital N

0.1

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.

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