

MAY 7 1937

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

Do not use this space.

14476

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis

Registration District No. 791
Primary Registration District No. 1008
(No. City Hospital # 1)

File No. 3972
Registered No. 3972
St. _____ Ward _____

2. FULL NAME Stephan Zebchazy

(a) Residence, No. 2522 a Hebert Street St. 20 Ward.

(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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A.J. Barth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 7 17

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

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.

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Stephan Zebchazy Barth
(ADDRESS) 8640 Manchester

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 13 37

19. UNDERTAKER Thomas J. Dignan
(ADDRESS) 1319 South Grand Boulevard

20. FILED 4-14 19 37 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1937

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:50 p.m.

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

Fracture of Pelvis Fracture of Skull (Traumatic)
Deceased when he jumped from a falling ladder at 806 No 15th St
on April 14 - 1937 at about 4:09 p.m.
accident

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? accident Date of injury 4/14/37

Where did injury occur? St Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury See above
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____
(Signed) Walter J. Perry M.D.

(Address) Deputy Coroner

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.

22

214

360

1860

