

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17089
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo
(e) Length of residence in city or town where death occurred yrs. mos. ds.

791
1908
Registration District No.....
Primary Registration District No.....
(d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4950

2. PRINT FULL NAME

(a) Residence, No. 1715 1/2 So 10th St. 23
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Joseph Papayik
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9th 1911
7. AGE YEARS 26 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as 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) Milwaukee Wis.

FATHER 13. NAME Paul Solich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugoslavia

MOTHER 15. MAIDEN NAME Eva Mosher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugoslavia

17. INFORMANT Eva Solich
(ADDRESS) 1715 1/2 So 10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Bever Dam Mo DATE 5-30 1938

19. FUNERAL DIRECTOR Goy Heukel Funeral Home
(ADDRESS) Vanburen Missouri

20. FILED JAY 1938
J. D. Bredack

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1938

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Puerperal Sepsis
following child birth
5/21/1938

Date of onset

Other contributory causes of importance: 1/200

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 See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Alfred J. Perry

(Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

Howard Howland

Licensed Embalmer No. *3114*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)