

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.

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

RECD JUL 12 1939

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Do not use this space.

1. PLACE OF DEATH

(a) County.....2 Registration District No.....**791**
 (b) Township..... Primary Registration District No.....**1008** Registered No.....**4992**
 (c) or City.....St. Louis / (d) Street No.....2512a S. 10th St......St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 320 Louisa A. Bozdeck-Sutka

(a) Residence, No. 2512a S. 10th St. St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7, 1890</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>8</u>	DAYS <u>24</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)..... <u>St. Louis</u> <u>0</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Michael Hassen</u> <u>0</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>St. Louis</u> <u>9</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Michael Sutka</u> (ADDRESS) <u>2512a S. 10th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S.S. Peter & Paul</u> June 5, 1939		
19. FUNERAL DIRECTOR (NAME) <u>Wacker-Helderle</u> (ADDRESS) <u>2331 S. Broadway</u>		
20. FILED <u>JUN 2 1939</u> <u>J. D. Bozdeck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to June 1, 1939
 I last saw her alive on May 31, 1939. Death is said to have occurred on the date stated above, at 12:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
 Date of onset 9

Other contributory causes of importance: None

Name of operation Gastro-entero-tomy Date 7/12/39
 What test confirmed diagnosis? operation Was there an autopsy? no

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? no
 If so, specify Robert S. Manner M. D.
 (Signed) Paul Brown (Address) 1115 Paul Brown Bldg
St. Louis 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Wheeler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No.....

2178

P. O. Address.....

St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.