

REC'D SEP 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County 1 Registration District No. **791**
Township 1 Primary Registration District No. **1008**
City St. Louis Mo. (No. 1) St. Louis Children's Hosp File No. **27495**
620 Clementine Sroka Registered No. **6995** (Ward)

2. FULL NAME

(a) Residence, No. Pinkneyville, Mo. St. NR Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 00 mos. 00 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1928</u>				
7. AGE	YEARS <u>10</u>	MONTHS <u>9</u>	DAYS <u>25</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>			
	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) <u>Pinkneyville, Mo.</u>				
FATHER	13. NAME <u>Leo Sroka (deceased)</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>			
	15. MAIDEN NAME <u>Helen Phillipski</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>			
	17. INFORMANT (ADDRESS) <u>D. Vost 500 S. Kinghighway</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pinkneyville, Ill.</u> DATE <u>8-14</u> <u>30</u>				
19. UNDERTAKER (ADDRESS) <u>Albert H. Hoppe Inc. 4700 Washington Blvd.</u>				
20. DATE <u>Aug 11 1939</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11 ~~11/28~~ 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/28 1939 to 8-11 1939.
I last saw her alive on 8-11 1939 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:
Lt. temporal lobe brain abscess Date of onset 7-22-39

Other contributory causes of importance:
Spinal meningitis - pyogenic (Staphylococcus & Streptococcus non epidemic) ? 7-27-39

Name of operation Skull perforation, abscess Date of 8-10-39
What test confirmed diagnosis? Smear, Culture 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 Dermatitis (Signed) Barnes, M. D.
Dr. Barnes (Address) Dr. Barnes

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.

Em. Hand signed

Q F