JAN 28 1929

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

Do not use this space.
42444

1. PLACE OF DEATH
County St Louis Registration District No. 1123 File No.
Township Carondelet Primary Registration District No. 6248 E Registered No. 441
City (No. 2765 E. Etta St. Ward)

2. FULL NAME Joseph Irion

(a) Residence. No. 2765 Etta St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Aug. Irion

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glen Carbon Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Cihak
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Bohemia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Aug Irion
(Address) 2765 E. Etta St.

15. FILED Dec. 29, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 28 1928

17. I HEREBY CERTIFY, That I attended deceased from December, 1928, to 28 Dec, 1928, that I last saw h.. alive on 28 Dec 1928, and that death occurred, on the date stated above, at 12 : 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral Hemorrhage
(a)
(b)
(c)
(d)
(duration) yrs. 24 mos. da.

CONTRIBUTORY (SECONDARY) Chronic Bright's Disease
(duration) yrs. mos. 24 da.

18. WHERE WAS DISEASE CONTRACTED 8 12 10
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Rodler, M. D
Dec 29, 1928 (Address) 7310 Michigan ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Park Lawn	12-31 1928
20. UNDERTAKER F. Schumacher	ADDRESS 3013 Morganford

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD