

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

PLACE OF DEATH

County St. Louis  
Township Carondelet  
or  
Village \_\_\_\_\_  
or  
City Quarantine (NO. Quarantine Hospital St.: \_\_\_\_\_ Ward)

Registration District No. 7  
Primary Registration District No. 6248

File No. 35500  
Registered No. 238

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

John Polveitch

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
DATE OF BIRTH Oct 10, 1894  
(Month) (Day) (Year)  
AGE 25 yrs. 11 mos. 28 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) ✓

BIRTHPLACE (City or town, State or foreign country) Austria

PARENTS  
NAME OF FATHER John Polveitch  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Austria  
MAIDEN NAME OF MOTHER Not Known  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Austria

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. Fehl, Hospital Information  
(ADDRESS) Quarantine Mes

Filed Nov. 10 1910 St. L. & O. Brock M. Co.  
L. J. Brown M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 5, 1910, to Nov 8, 1910, that I last saw him alive on Nov 8, 1910, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Phthisis Pulmonalis  
738

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory Nephritis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) M. J. Dwyer M. D.  
Nov 8, 1910 (Address) Quarantine

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. 3 ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death? do not know  
Former or usual residence 1018 S. 12 St

PLACE OF BURIAL OR REMOVAL St. Fern & Paul DATE OF BURIAL 10/10 1910  
UNDERTAKER W. J. Moywell ADDRESS 1023 P. St

