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

Do not use this space.

25678

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. Lutheran Hospital St. ..... Ward)

File No. .....

Registered No. 17275

2. FULL NAME Alma Navratil

(a) Residence. No. 7118 Vermont Ave St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25 1908

7. AGE: Years 18 | Months 10 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Frank Navratil

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

12. MAIDEN NAME OF MOTHER: Mary Fedran

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Mary Navratil
(Address): 7118 Vermont Ave

15. FILED AUG 12 1927, 19..... Max C Starkoff (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-10-1927

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to Aug 10 1927, that I last saw him alive on Aug 10 1927, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
DSE 8
3453B
(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) Abscess of Head due to Staphylococcus infection
(duration) ..... yrs. ..... mos. 15 ds.
Cause Unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Edward Polter, M. D

Aug 11, 1927 (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: St Peter & Paul Cem — DATE OF BURIAL: 8-13-1927

20. UNDERTAKER: Southern H & L Co — ADDRESS: 7311 Delmar

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.

THIS IS A PERMANENT RECORD