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

Do not use this space. 2971

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 559

Township ..... Primary Registration District No. 1003 Registered No. 559

City St Louis (No. 3635 Cottage av St. ..... Ward)

2. FULL NAME Mary Vanek

(a) Residence. No. 3635 Cottage a St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1853

7. AGE: about 74 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Have wife
(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): Bohemia

PARENTS
10. NAME OF FATHER: Joseph Hretski
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: Mary Jacobsen
(Address) 3635 Cottage av

15. FILED JAN 16 1928, 19.... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1927, to Jan 14, 1928 that I last saw her alive on Jan 13, 1928, and that death occurred, on the date stated above, at 2 55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
42A Endocarditis acute
91A Valvular disease of
111B heart.
..... (duration) ..... yrs. (2) mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pulmonary Oedema
..... (duration) ..... yrs. ..... mos. 10 ds.

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) James A. Dickson, M. D
1/16, 1928 (Address) 5801 Easton

*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: New Picker | DATE OF BURIAL: Jan 16 1928

20. UNDERTAKER: Wm. C. Moydell | ADDRESS: 1926 Allen

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.