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

Do not use this space.

10684

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2434

City St. Louis (No. 2114 So. 11 St. ..... St. ..... Ward)

2. FULL NAME Elizabeth Riha

(a) Residence. No. 2114 So. 11 St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Riha

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Abt 1844

7. AGE: Abt 83 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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: Fr. Koranek
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): Bohemia

14. INFORMANT: John Riha
(Address): 2114 So. 11 St.

15. FILED: 10-5, 1923 Mark Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3 - 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 2/18, 1927, to 3/3, 1928, that I last saw her alive on 3/3, 1928, and that death occurred, on the date stated above, at 9:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
93C
Myocarditis Chronic
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis (duration) yrs. 13 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290 W
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Albert F. Bina, M.D.
3/3, 1928 (Address) 1120 Lafayette Av.

*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: S. S. Peter & Paul — DATE OF BURIAL: 3-6 1928

20. UNDERTAKER: W. C. Maydell — 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.