

1924

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

Do not use this space.

13781  
19

1. PLACE OF DEATH  
County Jefferson Co. Registration District No. 423  
Township Rock Primary Registration District No. 5578  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anna Horvath  
(a) Residence. No. Hinswick mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 7 yrs. 7 mos. — ds. How long in U.S., if of foreign birth? 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Geot Horvath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 6 28

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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from January 26, 1928, to April 22, 1928, that I last saw him alive on April 18, 1928, and that death occurred, on the date stated above, at 12:50 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Chronic Interstitial Nephritis

1290 (duration) unknown yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

10. NAME OF FATHER Mathew Gottschal

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

12. MAIDEN NAME OF MOTHER unknown

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: o  
DID AN OPERATION PRECEDE DEATH: No DATE OF o  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS: Physical Diagnosis  
(Signed) Charles W. Roth M.D.  
4-22-19 (Address) 3123 Campbell St. Mo.

\*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.

14. INFORMANT (Address) John Horvath  
2845 Minnesota

15. FILED 4/22 1928 H. M. Edel REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. S. Peter & Paul Ch. DATE OF BURIAL 4-25 1928

20. UNDERTAKER W. Schumacher ADDRESS 3013 Insurance

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.

