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

Do not use this space.

15114

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 2029 c Russell av St. ..... Ward)

File No. .....

Registered No. 4036

2. FULL NAME Rose Peterka

(a) Residence. No. 2029 Russell a 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 39 yrs. mos. ds. How long in U.S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Peterka

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	62			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home 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 John Mray

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 William Peterka
(Address) 2029 Russell av

15. FILED APR 12 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1928

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1928, to April 11, 1928 that I last saw her alive on April 11, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* was as follows: Brain Embolism (Following complet Hysterectomy) Operation for non Malignant Fibroid of Uterus

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute Dilation Heart 1 ds.

(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Missouri Baptist Sanc

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 11-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Salisbury, M. D

April 12, 1928 (Address) 1419 So 7th St

*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	DATE OF BURIAL
S.S. Peter & Paul	4-14-1928

20. UNDERTAKER	ADDRESS
Wm C. Moydell	1926 Allen av

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.