

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

15376

45109

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis Mo.** Primary Registration District No. **1002**
 City **St. Louis Mo.** (No. **2748** **Russell Ave.**)

File No.
 Registered No. **4510**
 St. Ward)

2. FULL NAME

(a) Residence. No. **2748 Russell** St., **23** Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 11-1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
55		6	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Joseph Komarek**

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

12. MAIDEN NAME OF MOTHER **Rosie Bonach**

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

14. INFORMANT **Amelia Watteroff**
 (Address) **2748 Russell Ave.**

15. FILED **APR 29 1929** **May C. Stankoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 19- 1928**

17. I HEREBY CERTIFY, That I attended deceased from **18** **1928** to **1928** **1928** that I last saw h. **alive on** **Apr 19**, 19 **28**, and that death occurred, on the date stated above, at **11: a.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
9480
731

CONTRIBUTORY **Myocarditis Chronic**
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECED DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **no**

(Signed) **F. Venhoff**, M. D.
4/19, 19 **28** (Address) **3206 Lafayette 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 **St. S. Peter + Paul** DATE OF BURIAL **April 21 1928**

20. UNDERTAKER **Ziegenhain Bldg. 2623 Cherokee St**

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.

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