

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

Do not use this space.

21847

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

**791
1003**

File No.....

Registered No.....

5964

2. FULL NAME

(a) Residence, No. 4669 Alhambra St., 13 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 4 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)

Married

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

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

Oct. 10, 1876

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

51

7

23

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Korasci

Hungary

10. NAME OF FATHER

Peter Janics

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Korasci

Hungary

12. MAIDEN NAME OF MOTHER

Barbora Weber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Garmak

Hungary

PARENTS

14. INFORMANT

(Address)

Frank H. Weber

5300 Mineral

15. DATE

FILED

JUN - 1 1928

Max C. Stork

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6/3/28 19

17.

I HEREBY CERTIFY, That I attended deceased from

3/9/28, 19, to 6/3/28, 19, that I last saw him alive on 6/3/28, 19, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
1010

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

C Did an operation precede death? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chipp

6/3/28, 19 (Signed) Frank H. Weber M. D. (Address) 5300 Mineral

*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

Lakewood Park

DATE OF BURIAL

June 7, 1928

20. UNDERTAKER

W. J. Leidner and Co.

ADDRESS

1417 N. Market

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.

MISSOURI STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

