

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21934

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*

Primary Registration District No. *1003*

File No. *16081*
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. *2333 Franklin* St., *21* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *30* yrs. mos. da. How long in U.S., if of foreign birth? *30* yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *about 1875*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min. *about 50*

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Croatia*
(STATE OR COUNTRY)

10. NAME OF FATHER *Michael Maynari*

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

12. MAIDEN NAME OF MOTHER *Agnes Mihulec*

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

14. INFORMANT *Vincent Budovic*
(Address) *1441 E. Fontaine*

15. FILED *JUN - 6 1928* *Wm. C. Barker*
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 4 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *530 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
1 1/2 yrs. (duration) yrs. mos. da.
CONTRIBUTORY *Chronic Parenchymatous Nephritis*
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. W. Kerner*, M. D.
6/6, 1928 (Address) *Dep. Coroner*

*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

New Order

June 6, 1928

20. UNDERTAKER

ADDRESS

W. B. Maydell

1926 Allen

