

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

Do not use this space.

32249

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **9539**

City **St Louis** (No. **St Louis Baptist**)

St. Ward)

St. Ward)

2. FULL NAME

FRANCES KORENAK

(a) Residence. No. **Elsmore mo** St. **21** Ward. **Elsmore mo**

(If nonresident give city or town and State)

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

Valentine

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

March 10-1886

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ____ hrs. or ____ min.

4-2

6

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Chebo Slovakia

10. NAME OF FATHER

Andrew Paraba

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Chebo Slovakia

12. MAIDEN NAME OF MOTHER

Susan Korena

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Chebo Slovakia

14.

INFORMANT (Address)

**Valentine Korena
Elsmore mo**

15.

FILED

SEP 27 1928

May E. Stankoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 25 1928

17.

I HEREBY CERTIFY, That I attended deceased from **Sept. 17**, 1928, to **Sept. 25**, 1928

that I last saw her alive on **Sept. 25**, 1928, and that death occurred, on the date stated above, at **6:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
TOU

(duration) **6 yrs.** 1922

CONTRIBUTORY (SECONDARY)

Anesthetic

(duration) **Sept. 19 to Sept. 20**

Operation for Benign Fibroma of Uterus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Sept. 19, 1928**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

Laboratory test

(Signed) **A. B. Williams** M. D.

Sept. 26, 1928 (Address) 306 N. Grand Ave.

***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

Calvary-Edwardsville Ill

Sept 28 1928

20. UNDERTAKER

ADDRESS

Central

1841 Cass

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

