

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1002  
 City St. Louis, Mo (No. ....) St. .... Ward)

File No. 43197  
 Registered No. 12503

**2. FULL NAME**

(a) Residence. No. 3009a Oregon St., 24 Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 60 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*) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Pachota

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>abt 75</u>				

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)..... Hungary  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emil Pachota  
 (Address) 3009a Oregon

15. FILED MSC 22 1928 Max O'Sullivan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-30-28 to 12-20, 1928, that I last saw her alive on 12-20, 1928, and that death occurred, on the date stated above, at 6:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes mellitus & gangrene of great toe on left foot  
alt. myocarditis  
 54r (duration) ..... yrs. .... mos. .... ds.  
 100R CONTRIBUTORY auricular fibrillation  
 (SECONDARY) ? (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Laboratory EKH. Kay  
 (Signed) Chas. W. Ehlers, M. D.  
 (Address) 1536 Papine

\*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 <u>S.S. Peter &amp; Paul</u>	DATE OF BURIAL <u>12-24 1928</u>
20. UNDERTAKER <u>W. C. Moydell</u>	ADDRESS <u>1926 Allen</u>

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.

