

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Valley Park (No.)

File No. 12118
 Registered No. 20
 St. Ward)

2. FULL NAME

(a) Residence. No. Valley Park St., Ward.

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 5 | 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Grocer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bohemia
 (STATE OR COUNTRY)

10. NAME OF FATHER Bart. Babka

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

12. MAIDEN NAME OF MOTHER Josephine Bock

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

14. INFORMANT Joseph E. Babka
 (Address) Valley Park Mo

15. FILED 3/10 29 C. Z. Barnett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4th 1929

17. I HEREBY CERTIFY, That deceased died from Industrial Pneumonia Feb 26, 1929 Feb 4th, 1929, that I last saw alive on Feb 11th, 1929, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Industrial Pneumonia
107 A (duration) yrs. mos. 7 ds.
 CONTRIBUTORY influenza (SECONDARY) (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED? Not in place of death
 IF NOT IN PLACE OF DEATH, DATE OF OPERATION PRECEDING DEATH: no
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) G. O. Duman, M. D.

3/4, 1929 (Address) Valley Park Mo
 *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 S. S. Peter & Paul DATE OF BURIAL Mar 6 1929

20. UNDERTAKER Thos. Kuteis ADDRESS 2906 Grandview ave

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.

MAR 27 1929

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