La. 8370
10x12

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

Do not use this space.

12999

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3553

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 2916 Virginia Ave St. ..... Ward)

2. FULL NAME Barbara Mateja

(a) Residence. No. 2916 Virginia St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? 25 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 Joseph Mateja

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11 1892

7. AGE: Years 36 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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) Bohemia

PARENTS
10. NAME OF FATHER Frank Mulacek
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
12. MAIDEN NAME OF MOTHER Mary Vitova
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

14. INFORMANT Joseph Mateja
(Address) 2916 Virginia

15. FILED MAR 22 1929 Max C Harker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1929, to Mch 21, 1929 that I last saw her alive on Mch 21, 1929, and that death occurred, on the date stated above, at 8 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute parenchymatous nephritis cause unknown
1098
130
128 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia two or three mos. ago. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F S Pernaud, M. D
3/22, 1929 (Address) 3115 S Grand

*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: March 25 1929

20. UNDERTAKER: Thos Kutis | ADDRESS: 2906 Gravois

MARGIN RESERVED FOR BINDING

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.

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