

**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. *781*
 Township.....*St. Louis*..... Primary Registration District No. *1003*
 City.....*St. Louis* (No. *4967*) *Loughborough*..... St. Ward

File No. *35953*
 Registered No. *9759*

2. FULL NAME

(a) Residence. No. *4967* *Loughborough* St. *2* Ward. (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) *widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 12, 1860*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 20

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) *St. Louis*

PARENTS

10. NAME OF FATHER *Joseph Nemec*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14.

INFORMANT. *Mary Seuer*
 (Address) *4967 Loughborough*

15.

FILED *Oct 3 1929* *Max C. Stankloff*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-7-29*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on *7th* *10* p. and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Chronic Myocarditis 210M
 following fracture 75C
 Rib removed when struck by cart*

CONTRIBUTORY (SECONDARY) *President*
in St. Louis Mo. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Wm. D. Over* M. D.
1073 19*29* (Address) *Common*

*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

S. Peter & Paul *Oct 5, 1929*

20. UNDERTAKER

Thos. Kuttw ADDRESS *298th E. 29th St.*

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—THIS IS A PERMANENT RECORD

