

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

Do not use this space.

38592

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Alexian Bros. Hosp.) St. _____ Ward _____

File No. 10990
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mickel Pokorny
 (a) Residence. No. 1177a Moenshaw Cir - 24 Ward. _____
 (Usual place of abode) _____ (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 Male 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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. abt 51

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Showworker
 (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, Mo.

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Lawrence Brummer

(Address) 3507 E Wisconsin

15. FILED NOV 21 1929 Ray C. Steiner REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from _____
 _____, 1929, to _____, 1929
 that I last saw him alive on Nov 8, 1929, and that death occurred, on the date stated above, at 4:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Solar Pneumonia
W. B. Brooks - Toronto
11/8

(Duration) _____ yrs. mos. 14 ds.
 CONTRIBUTORY To Traffic
 (SECONDARY) (Duration) _____ yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Lab
 (Signed) E. T. Ruppel, M. D.

11/9, 1929 (Address) Alexian Bros

*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
New St. Marcus No. 11 - 1929

20. UNDERTAKER ADDRESS
Ziegenhein Bros. 2623 Cherokee

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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