

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

Do not use this space.

38641

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. 4956 Margaretta Cr.)  
Registration District No. 791  
Township Female dead  
Primary Registration District No. 1003

File No.....  
Registered No. 11045  
St. .... Ward)

**2. FULL NAME**

Sophia Drozd  
(a) Residence No. 6364 Froydthe Blv. 6 Ward. St. Louis 10 Mo.  
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 3-1896</u>		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>6</u>
		DAYS
		<u>7</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Cook</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Private Family</u>		
(c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10, 1929

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gunshot Wound of Head - self-inflicted while suffering temporary mental abnormality

18. WHERE WAS DISEASE CONTRACTED 1170

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John Grayson, M. D.  
11/2, 1929 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or if 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>Lafayette Cemetery</u>	DATE OF BURIAL <u>Nov 13 1929</u>
20. UNDERTAKER <u>E.J. Schuur</u>	ADDRESS <u>3125 Lafayette Ave.</u>

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

PARENTS	10. NAME OF FATHER <u>John Drozd</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Bohemia</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mary Kronic</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>Bohemia</u> (STATE OR COUNTRY)

14. INFORMANT Mr. John Drozd  
(Address) 1026 E. Main St. St. Louis, Mo.

15. FILED Nov 12 1929  
Max C. Stalley  
REGISTRAR

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.

