

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

Do not use this space.

3432 ~~3194~~
2881
File No. _____
Registered No. 931

1. PLACE OF DEATH

County _____ Registration District No. 1707
Township _____ Primary Registration District No. 1707
City St. Louis (No. 4644 Michigan Ave St. _____ Ward)

2. FULL NAME

Charles Wochosky
(a) Residence. No. 4644 Michigan Ave 15 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wht.</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>Aug 23, 1875</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>5</u>
		<u>4</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Government Clerk</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Dredge Boat</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>John Wochosky</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Austria</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Barbara Anderlik</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Austria</u> (STATE OR COUNTRY)	

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 27 1930
17. I HEREBY CERTIFY. That I attended deceased from Jun 9, 1930 to Jun 27, 1930 that I last saw h. alive on Jun 26, 1930 and that death occurred, on the date stated above, at 6:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) W. K. H. [unclear] M. D.

Jan 27, 1930 (Address) 3507 BR [unclear] St
*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.

14. INFORMANT Julia Hejlicek DATE OF BURIAL Jan 29 1930
(Address) 4644 Michigan Ave
New Kicker

15. FILED 34 1320 Max C. [unclear] ADDRESS Wacker Helderle 7331 So Bidway
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.

3-1-127

