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

Do not use this space.
6537

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 1352

City St Louis (No. 3439 Nebraska Ave St. ..... Ward)

2. FULL NAME Bozena Nekula

(a) Residence. No. 3439 Nebraska St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Nekula

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12. 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38.	1	25	

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 Stehlik

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

12. MAIDEN NAME OF MOTHER Barbara Hesoun

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

14. INFORMANT Anthony Nekula
(Address) 3439 Nebraska Ave

15. FILED ..... 19 ..... Mary C Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 1/31, 1930 to 2/7, 1930 that I last saw he alive on 2/7, 1930, and that death occurred, on the date stated above, at 7:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

148
934
Embolism of Coronary Artery Puerperal (duration) ..... yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Myocarditis acute (duration) ..... yrs. mos. 1½ ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

2/8, 1930 (Signed) Albert F Bina D.O., M. D. (Address) 1120 Lafayette

*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 S Peter & Paul	Feb. 11 1930

20. UNDERTAKER	ADDRESS
Thos. Kutis	2906 Gravois

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.