

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

Do not use this space.

10321

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **103**

City **St. Louis** (No. **1342 Hughes Place**)

File No.....

Registered No. **2295**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1342 Hughes Pl.** St. **4** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U. S., if of foreign birth? **35** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 7, 1912**

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, ..... hrs. or ..... min.)  
**57 9 27**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Terra Cotta Worker**  
(b) General nature of industry; business, or establishment in which employed (or employer) **Minkler Terra Cotta Co.**  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Bohemia**

10. NAME OF FATHER **Unknown**

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) **Unknown**

14. INFORMANT (Address) **John Hruby 1342 Hughes Pl.**

15. FILED **May 21 1930** **Max C. Stark** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 4, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Mar. 3-30**, 1930, to **Mar. 4**, 1930 that I last saw him alive on **Mar. 4**, 1930, and that death occurred, on the date stated above, at **10-30** a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**lobar pneumonia**  
**about 2 weeks** (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **Senility** (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH **at home**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W. B. Houghton**, M. D. **3/4, 1930** (Address) **1204 Tamm**

\*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 **Calvary Cemetery** DATE OF BURIAL **3-6-1930**  
20. UNDERTAKER **Kriegshauser & Co. Manchester, Mo.** ADDRESS **4104**

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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