

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

Do not use this space.

14481

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 2336 to 13 St.) St. Ward)

File No.....
Registered No. **3827**

2. FULL NAME

Anthony J. Moravec
(a) Residence. No. 2336 St. 13 St. 23 Ward. (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>Male</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>March 26 1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>Anthony Moravec</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Czech. Slovakia</u>	
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Starmann</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 4-15, 1930, to 4-16, 1930 that I last saw him alive on 4-16, 1930, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
Primary
10713
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) H. B. Broeder, M. D.
, 19 (Address) 1126 Sidney.

*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 <u>Anthony Moravec</u> (Address) <u>2336 St. 13 St.</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>S. S. Peter & Paul</u>	DATE OF BURIAL <u>4-17 1930</u>
15. FILED <u>17 1930</u> <u>W. E. Tanker</u> REGISTRAR	20. UNDERTAKER <u>W. C. Moydell</u>	ADDRESS <u>1926 Allen Ave</u>

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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