

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

Do not use this space.

20568

~~20086~~

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Delmar Primary Registration District No. 6248 E File No. _____
 City St. Louis (No. 1123) Registered No. 197 St. _____ Ward _____

2. FULL NAME Anna Kaslovic

(a) Residence. No. 3829 Duncan St. _____ Ward _____
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter J. Kaslovic

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 32 4 11

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) Chicago Ill.
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Jacob Jurcic
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ensofae
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Jean
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jugoslavia
 (STATE OR COUNTRY)

14. INFORMANT Walter J. Kaslovic
 (Address) 3829 Duncan

15. FILED 6/21 1930 L. C. O'Brook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/21 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/7/29 to 6/21/30, 1930, and that I last saw h.e.y. alive on 6/20/30, 1930, and that death occurred, on the date stated above, at 3:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
31 (duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Myocardial degeneration
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Chicago Ill.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray - Sputum - Physical

(Signed) E. W. Ehlers M. D.

, 19 (Address) 9101 S. Broadway

*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 Chicago Ill. DATE OF BURIAL June 23 1930

20. UNDERTAKER Way to Way dell ADDRESS 1926 9th St

LIC # 1467

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.

1930

2

JUN 22 1945