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

Do not use this space.
21212

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. ~~[illegible]~~2

Township ..... Primary Registration District No. 1003 Registered No. 6075

City St. Louis (No. 1520 No. Garrison St. ..... Ward)

2. FULL NAME Anna Sovar

(a) Residence. No. 1520 No. Garrison St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

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.

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 Henry Sovar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1865 Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	Unknown		

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) Checho-Slovakia

PARENTS

10. NAME OF FATHER John Gabris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cecho-Slovakia

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Rudolph Sovar
(Address) 1520 No. Garrison

15. FILED [illegible] 23, 1930 Max C. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 20 1930

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1930, to June 20, 1930 that I last saw her alive on June 20, 1930 and that death occurred, on the date stated above, at 7 P m.

132B THE CAUSE OF DEATH* WAS AS FOLLOWS:
118c
130 Uraemic Poisoning

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute Hemorrhagic Nephritis due to indigestion from eating fried Fish (duration) ..... yrs. ..... mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory

(Signed) Jno C. Loubek, M. D.

, 19 (Address) 2900 California

*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	6-23 1930
20. UNDERTAKER	ADDRESS
W. C. Maydell	1926 Allen