

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

Do not use this space.

21481
~~21583~~

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis, Mo.**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **3711 Bamberger Avenue.**)

File No.....
Registered No. **6361**
St. Ward

2. FULL NAME Katherine Hrdlicka

(a) Residence. No. **3711 Bamberger Avenue** St. **16** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Hrdlicka**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **February 17th, 1853.**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
	77	4	12	

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**

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) **Bohemia**

14. INFORMANT **Joseph Hrdlicka**
(Address) **3711 Bamberger Avenue**

15. FILED **May 1 1930** **W. C. Holden** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 29th, 1930.**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 15** 19**29** to **June 29th** 19**30** that I last saw him alive on **June 29** 19**30**, and that death occurred, on the date stated above, at **8:20 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
59

CONTRIBUTORY (SECONDARY) **57** (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH **no** DATE OF **no**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Census & Lab**
(Signed) **F. S. Bernard** M. D.

6/30 1930 (Address) **3115 S. Grand**
*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 **New Picker** DATE OF BURIAL **July 2, 19 30**

20. UNDERTAKER **Wacker Heldrich** ADDRESS **2331 S. Brdwy.**

K. 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.

