

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

Do not use this space.

28700

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 7003

City St. Louis Mo (No. 801 S. 6th St.)

File No.....

Registered No. 8610

St. Ward)

2. FULL NAME

(a) Residence No. 801 S. 6th St. St. W 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Jokopovich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 5 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer) Soft Drink
(c) Name of employer Parlor & Restaurant

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

10. NAME OF FATHER Mate Jokopovich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Thresa Unknown

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

14. INFORMANT Mrs. Mary Jokopovich
(Address) 801 S. 6th St.

15. FILED AUG 31 1930 W. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 29 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/20, 1930, to 8/29, 1930 that I last saw him alive on 8/29, 1930, and that death occurred, on the date stated above, at 6:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Cardiac Failure
Pneumonia Lobar
1234

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

CONTRIBUTORY (SECONDARY) acute Chloroform Poisoning
Blistered Tongue of

18. WHERE WAS DISEASE CONTRACTED Heredia

IF NOT AT PLACE OF DEATH, DATE OF 8/25/30

IF MEDICAL OPERATION PRECEDE DEATH, DATE OF 8/25/30

WAS THERE AN AUTOPSY? no under Local

WHAT TEST CONFIRMED DIAGNOSIS? Operating Micro

(Signed) Geo. W. Mahan M. D.
(Address) 1006 So Jefferson

*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
C.S. Peter's Park Cemetery Sept 1, 1930

20. UNDERTAKER ADDRESS
E. J. Schmier 3125 Lafayette

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.

