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

Do not use this space.

3014

File No. 180
Registered No.

1. PLACE OF DEATH

County
Township
Registration District No. 701
Primary Registration District No. 1003
City St. Louis, (No. St. Marys Infirmary St. Ward)

2. FULL NAME Victoria Dostula

(a) Residence. No. 1417 A. Hebert St., 26 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24th 1862

7. AGE: Years 68 | Months — | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Poland.

PARENTS
10. NAME OF FATHER: Thomas Tabaka
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Poland.
12. MAIDEN NAME OF MOTHER: Rose Tabaka
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Poland

14. INFORMANT: Joseph Rotowski
(Address) 1639 N 18th St.

15. Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3rd 1931.

17. I HEREBY CERTIFY, That I attended deceased from 12-12, 1930, to 1-3, 1930 that I last saw him alive on 1-3, 1930, and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tapeworm from Sanfrem of Leg. Diabetic
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) R. Ronnettier, M. D.
1/3, 1931 (Address) 1536 Papin

*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: Calvary. DATE OF BURIAL: Jan. 7th 1931.

20. UNDERTAKER: Aug. Brockland Und. Co. ADDRESS 4411 F. 9th

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.

THIS IS A PERMANENT RECORD