WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3482

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 713

Township ..... Primary Registration District No. 1003 Registered No. 1

City St Louis Mo (No. St Anns Maternity St. ..... Ward)

2. FULL NAME Infant Cervenka

(a) Residence. No. 201 Madison ave Webster Grove Ward 6
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17th 1931

7. AGE: YEARS | MONTHS | DAYS 000 | If LESS than 1 day, 11 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Harry Cervenka
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hilda Nonenmaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

14. INFORMANT Harry Cervenka
(Address) 201 Madison Ave Webster Grove

15. FILED JAN 19 1931 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17, 1931.

17. I HEREBY CERTIFY, That I attended deceased from 5 a.m. Jan. 17, 1931, to 6 20 P.M. 1/17/1931 that I last saw her alive on Jan. 17, 1931, and that death occurred, on the date stated above, at 6 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute myocarditis.
157
159 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) about 5 months gestation (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Percy H. Swahlen, M. D.
1/18. 1931. (Address) St. Anns Hosp. St. Louis

*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: Pious | DATE OF BURIAL: Jan 19 1931

20. UNDERTAKER: Math Hermann & Son | ADDRESS: 2161 Fair Av