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

Do not use this space.

4065

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1358

City St. Louis (No. En route Alexian Bros. Hosp. St. ..... Ward)

2. FULL NAME Steve Bolianacz

(a) Residence. No. Affton Mo St. 24 Ward. Affton Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1881 Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt	50	Unknown		

8. OCCUPATION OF DECEASED 24
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Public Service Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugo-Slavia 24

PARENTS

10. NAME OF FATHER Michael Bolianacz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jugo-Slavia
12. MAIDEN NAME OF MOTHER Kate Lukich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jugo Slavia

14. INFORMANT Anna Bolianacz
(Address) Affton Mo.

15. FILED -3 1931, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-31 1931

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12 45 P. m.

16 3 11

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cyanide of Potassium Poisoning (self administered) at residence (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Suicide (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John J. Hurley M.D.
2/8, 1931 (Address) Deputy Coroner

*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
Park Lawn	2-3 1931
20. UNDERTAKER	**ADDRESS**
W. C. Moydell	1926 Allen

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.