

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

791
203

7450

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis*

Registration District No.....
Primary Registration District No.....
(No. *1732* *Hochm St*)

File No.....
Registered No. *1768*
St..... Ward.....

2. FULL NAME

(a) Residence. No. *1732 Hochm* St., *23* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? *50* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Frank Weiner</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar 21-1863</i>		
7. AGE YEARS <i>67</i>	MONTHS <i>10</i>	DAYS <i>19</i>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Home wife*

(b) General nature of industry, business, or establishment in which employed (or employer). *235*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN). *Bohemia*
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <i>William Novak</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Bohemia</i>
	12. MAIDEN NAME OF MOTHER <i>Unknown</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>

14. INFORMANT..... *Frank Weiner*
(Address) *1732 Hochm*

15. FF. FILED. *11 16 31*
19.....
May C. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 10 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 2* to *Feb 10* 19*31*
that I last saw *him* alive on *Feb 6*, 19*31*, and that death occurred, on the date stated above, at *4:10 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
131
93c

CONTRIBUTORY (SECONDARY) *Chronic pulmonary*
hypertension (duration)..... yrs..... mos..... ds.

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

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*
WHAT BEST CONFIRMED DIAGNOSIS? *General*
(Signed) *A. E. Jones*, M. D.
7/10 (Address) *3014th St*

*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 *Feb 13 1931*

20. UNDERTAKER *Wm. C. Moydell* ADDRESS *1926 Allen*

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.

