

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

Do not use this space.

11858

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **3959 e Blaine av**) St. .... Ward)

File No. ....  
Registered No. **3095**  
St. .... Ward)

**2. FULL NAME**

**Katherine Mazanee**  
(a) Residence No. **3959 e Blaine av** St. **17** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **63** yrs. mos. ds. How long in U.S., if of foreign birth? **63** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Mazanee**  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **about 1851**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**about: 80 unknown**  
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).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**  
10. NAME OF FATHER **Peter Picha**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Bohemia**  
12. MAIDEN NAME OF MOTHER **Unknown**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Mr. E. Moydell**  
(Address) **1926 Galien av**

15. **MAR 10 1931** FILED **19** **Max C. Stender** REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 7 1931**  
17. I HEREBY CERTIFY, That I attended deceased from **August 15, 1930** to **March 7, 1931** that I last saw her alive on **March 7, 1931**, and that death occurred, on the date stated above, at **7 P. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Bronchial Pneumonia**  
**Hypertension**  
**131 1930** (duration) yrs. mos. ds. **2**  
CONTRIBUTORY (SECONDARY) **Hypertrophic Cardiomyopathy**  
**Ch. Interstitial nephritis Ch. Myocarditis** (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **1924 B**  
IF NOT AT PLACE OF DEATH **3959 e Blaine**  
DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS **clinical & laboratory**  
(Signed) **Paul C. Lusk M. D.**  
19 (Address) **2700 California ave**

\*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 Piclar** DATE OF BURIAL **Mar 10, 1931**

20. UNDERTAKER **Mr. E. Moydell** ADDRESS **1926 Galien**

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.

