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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 19637

Township ..... Primary Registration District No. 1003 ..... Registered No. 5611

City St. Louis (No. ISOLATION HOSPITAL ..... St. ..... Ward)

2. FULL NAME Lizzie Woslak

(a) Residence. No. 2216 S. 3rd St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 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)
female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11-1919

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

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

9. BIRTHPLACE (CITY OR TOWN) Staunton
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Pete Dzelok
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Czecho Slavakia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Duffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hungary
(STATE OR COUNTRY) Unknown

14. INFORMANT Loraine Kroner
(Address) ISOLATION HOSPITAL

15. FILED May 15 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-9, 1931, to 5-12, 1931, that I last saw her alive on 5-12, 1931, and that death occurred, on the date stated above, at 11 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria - Nasopharyngeal (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Diphtheritic Myocarditis (duration) yrs. mos. 2 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? Clinical & Lab
(Signed) L. X. Kompare, M. D.
, 19 (Address) ISOLATION HOSPITAL

*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 St. Matthews — DATE OF BURIAL May 15 1931

20. UNDERTAKER Wacker Helderle — ADDRESS 2331 S. Broadway

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.