

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

Do not use this space.

26200

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Central Primary Registration District No. B248B
City _____ (No. _____) St. _____ (Ward _____)

File No. _____
Registered No. 296
St. _____ (Ward _____)

2. FULL NAME

(a) Residence. No. Joseph Koliman _____ yard.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 2 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>6</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gas Meter Repairer
(b) General nature of industry, business, or establishment in which employed (or employer) Meter Shop
(c) Name of employer Laclede Gas Co

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Croatia

10. NAME OF FATHER George Koliman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Croatia

12. MAIDEN NAME OF MOTHER Eva Novich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Croatia

14. INFORMANT Joseph Novich
(Address) 2636 Hickory

15. FILED July 31 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 3:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowning
in Reservoir near
in swimming
183 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 183 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH Johnson Parents

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Physic Sign
(Signed) John E. Hume M. D.
7/27, 1931 (Address) Greenwood

*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 S. S. Peter & Paul DATE OF BURIAL July 29 1931

20. UNDERTAKER Wm. L. Woodell ADDRESS 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.

APR 6 9 31 AM

