

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

Do not use this space.

35881

1. PLACE OF DEATH

County..... Registration District No. 501
Township..... Primary Registration District No. 5008
City ST LOUIS (No.) St. Ward)

File No.
Registered No. 10397

2. FULL NAME

JOSEPH MAGDITSCH

(a) Residence. No. 3419 KLEIN St. 26 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 11TH 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>70</u>	<u>10</u>	<u>29</u>		

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

9. BIRTHPLACE (CITY OR TOWN) AUSTRIA HUNGARIA
(STATE OR COUNTRY)

10. NAME OF FATHER JOSEPH MAGDITSCH

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA HUNGARIA

12. MAIDEN NAME OF MOTHER ANNA HOLZER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA HUNGARIA

14. INFORMANT CHARLES MAGDITSCH
(Address) 3419 Klein St

15. FILED ST 11, 1931 Max E. Starkey
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 24 1, 1931, to Oct 10, 1931, that I last saw him alive on Oct 6, 1931, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

138 Chronic Myocarditis
936
(duration) 1 yrs. mos. da.

CONTRIBUTORY Chronic Inflammation
(SECONDARY) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Place of death
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. no DATE OF X
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? renal symptoms
(Signed) William T. Hirsch, M. D.
10710, 1930 (Address) 3500 N Grand

*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
Calvary Cemetery Oct 13 1931

20. UNDERTAKER ADDRESS
Edward Koth 3576 N 19th St

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.

