

**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. 1857
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. 3931) St. Bonaparte St. _____ Ward _____

File No. 42338
 Registered No. 12228

2. FULL NAME

(a) Residence No. 3931 St. Bonaparte St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1841</u>		
7. AGE	YEARS	MONTHS
<u>About 90</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u> <u>Europe</u>		
FATHER	13. NAME	<u>Albert Kozik</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Bohemia</u> <u>Europe</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Bohemia</u> <u>Europe</u>
17. INFORMANT (ADDRESS) <u>A. Chmelir</u> <u>3931 St. Bonaparte</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>Dec 10</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. Kuntz</u> <u>2906 Grand</u>		
20. FILED <u>DEC -9 1931</u> <u>Max J. Handery</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931, to Dec 8, 1931.
 I last saw her alive on Dec 7, 1931. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Gangrene of both legs & feet & duets arteriosclerosis Date of onset 11/24/31
 Other contributory causes of importance: 90
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Spencer M. D.
 (Address) 292 & J Grand 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.

