

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

Do not use this space.

2281

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 3607, Ray Ave.)

Registration District No. 289
Primary Registration District No. 6033B

File No. _____
Registered No. 30 St. _____ Ward _____

2. FULL NAME

Edward F. Slivnik

(a) Residence, No. 3607 Ray Ave. St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 251

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash P. R.

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) St. Cloud Minn. 2

13. NAME Matt. Slivnik

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

15. MAIDEN NAME Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

17. INFORMANT (ADDRESS) Mrs. Gertrude Slivnik
3607 Ray

18. BURIAL, CREMATION, OR REMOVAL PLACE Mat. Cemetery DATE Jul 30, 1932

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc.
5916 Eastern Ave.

20. FILED 1-28-, 1932 Pollo Gray M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1932

22. I HEREBY CERTIFY That I attended deceased, from Oct 5, 1931, to Jan 27, 1932

I last saw him alive on Jan 26, 1932 Death is said

to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary Date of onset about 6 mo

asthma 23

Other contributory causes of importance:

Pleurisy

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? _____

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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur W. ..., M. D.

(Address) 8900 St. Chas Rd.

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.

FEB 23 1932

Dr. Wagner
8400 St. Charles Rd.