

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

Do not use this space.  
3277

**1. PLACE OF DEATH**

County..... Registration District No. 1791  
Township..... Primary Registration District No. 1000R  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 1051  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1927 So. Park St., 213 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? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Huf  
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) Bohemia ?

13. NAME Wm. Jolar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ?

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. (INFORMANT) (ADDRESS) Hospital information  
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picken DATE Feb 3 1932

19. UNDERTAKER (ADDRESS) Wm C Maydell  
1226 Allen Ave

20. FILED FFB-1 1932 May C Starkey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun. 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th 32 to Jan 31st 1932  
I last saw him alive on Jan 31st 1932 Death is said to have occurred on the date stated above, at 11:50 m.

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

1. Diabetes Mellitus
2. Hemiplegid, from a previous cerebral hemorrhage
3. Gangrene of left foot (diabetic)

Other contributory causes of importance: 1  
Name of operation Amputation Date of Jan 31st 1932  
What test confirmed diagnosis? Clamp 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) Raymond H. Speck, M. D.  
(Address) City Hospital

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.

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