

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

Do not use this space.

3282

**1. PLACE OF DEATH**

County.....

Registration District No. 1009

Township.....

Primary Registration District No. ....

City St. Louis, Mo.

500 S. Kingshighway

File No. ....  
Registered No. 1056  
St. .... Ward)

**2. FULL NAME**

John Stajduhar

(a) Residence. No. 2242 13th St. Tr. City, Mo.

12 Ward.

Madison, Ill.

(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)**

child

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

child

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 10-5-31

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3

26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

child

(b) General nature of industry, business, or establishment in which employed (or employer)

child

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Granite City, Ill.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Henry Stajduhar

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Croatia

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Kate Malcia

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Croatia

(STATE OR COUNTRY)

**14.**

INFORMANT

(Address)

C. Morris  
500 S. Kingshighway

**15.**

FEB - 1 1933

May C. Stajduhar

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1933

17. I HEREBY CERTIFY, That I attended deceased from January 16, 1932, to January 31, 1932, that I last saw him alive on January 31, 1932, and that death occurred, on the date stated above, at 1:55 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1.57A  
Congenital Hydrocephalus

(duration) yrs. 2 mos. ds.

**CONTRIBUTORY (SECONDARY)**

157A

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/30/33

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lawrence Goldner, M. D.

1/31, 1932 (Address) St. Louis Children's Hosp.

\*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**

St. Mark's Cem  
Granite City, Ill.

Feb 28 1933

**20. UNDERTAKER**

**ADDRESS**

Francis J. Labey

Madison, Ill.

WHITE 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.

