

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

Do not use this space.

6174

**1. PLACE OF DEATH**

County..... Registration District No.....

Township..... Primary Registration District No.....

City..... (No. *City Hospital*)

*17924*

**2. FULL NAME**

(a) Residence, No. *3830 Chouteau St.* Ward *18*

(Usual place of abode)

File No.....  
Registered No. *1199*  
St..... Ward.....

Length of residence in city or town where death occurred *15* 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 *Alice Juda*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 18-1875*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>56</i>	<i>11</i>	<i>16</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Common* *237*

10. Date deceased last worked at this occupation (month and year) *Nov. 1931* 11. Total time (years) spent in this occupation *16*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER FATHER 13. NAME *Frank Juda*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Anna Zerny*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Hospital Information*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Trenton Ill.* DATE *Feb. 6 1932*

19. UNDERTAKER (ADDRESS) *Blumner Trenton Ill.*

20. FILED *Feb - 5 1932* *Carl W. Storkel Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 3rd 1932*

I HEREBY CERTIFY, That I attended deceased from *January 22 1932 to Feb. 3rd 1932*  
I last saw him alive on *Feb. 3rd 1932* Death is said to have occurred on the date stated above, at *4:45 P.M.*

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

*Appendiceal Abscess*  
*Lobar Pneumonia*  
*12/1/1931*

Date of onset	<i>1/29/32</i>
	<i>2/2/32</i>

Other contributory causes of importance: *Abscess due to Appendicitis*

Name of operation *Drainage of Appendiceal Abscess* Date of *1/29/32*  
What test confirmed diagnosis? *Open Peritoneum* 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..... *1*

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *Carl W. Storkel* M.D.  
(Address) *City Hospital*

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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