

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

Do not use this space.

10480

1. PLACE OF DEATH

County Registration District No. 70
 Township Primary Registration District No. 5529 Minnesota etc
 City St. Louis (No. 5529 Minnesota etc) St. 15 Ward

File No.
 Registered No. 2532

2. FULL NAME

(a) Residence, No. 5529 Minnesota St., 15 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2, 1886</u> | | |
| 7. AGE | YEARS <u>45</u> | MONTHS <u>7</u> |
| | DAYS <u>13</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2.35</u> | |
| | 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>Romania Europe</u> | | |
| FATHER | 13. NAME <u>John Rogyan</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Romania Europe</u> | |
| MOTHER | 15. MAIDEN NAME <u>Jina Bajonica</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Romania Europe</u> | |
| 17. INFORMANT (ADDRESS) <u>Paul Mitzu 5529 Minnesota</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>Mar 18 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Jos. Hutis 2906 Travis, am</u> | | |
| 20. FILED <u>MAR 16 1932 Max C. Starbuck Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to March 15, 1932
 I last saw her alive on March 10, 1932 Death is said to have occurred on the date stated above, at 3:30 m.
 The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease (Aortic Regurgitation) Date of onset ?

Other contributory causes of importance 92A P.W. 1

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? no
 If so, specify
 (Signed) E. H. Haggren, M. D.
 (Address) 2924 J. Edward B.

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.

