

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

Do not use this space.

11144

1. PLACE OF DEATH

County..... Registration District No. 79
Township..... Primary Registration District No. 1005
City St. Louis (No. 2257, Missouri)

File No.
Registered No. 3296
St. Ward

2. FULL NAME Mary Boushka

(a) Residence, No. 2257 Missouri Ave. St. 23 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 60 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Prague, Bohemia ?

FATHER 13. NAME Bartholomew Babka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER 15. MAIDEN NAME Josephine Bauck

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

17. INFORMANT (ADDRESS) Richard Boushka
2257 Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE April 6 1932

19. UNDERTAKER (ADDRESS) Phos. Kutner
2306 Grand Ave.

20. FILED APR -4 1932
191

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/32 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1 1932 to April 3 1932
I last saw her alive on April 3 1932 Death is said to have occurred on the date stated above, at 3:40 m.

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

Coronary Atherosclerosis
Acute

Date of onset

4-3-32

Other contributory causes of importance:

Chr. myocarditis
Chr. Endocarditis, mitral
Artic. degeneration

1910

Name of operation none 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? no Date of injury

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob Laubek M. D.

(Address) 2767 Grand Ave

Registrar

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.

Jno. C. Doube