

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.

MAY 23 1932

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 805 south 15 street) St. _____ Ward _____

11719

File No. _____
 Registered No. 390

2. FULL NAME Jenovafa Komer

(a) Residence, No. 805 south 15 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S., if of foreign birth? 48 yrs. mos. da.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Komer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 28, 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	DAYS <u>23</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>At Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria 3

MOTHER / FATHER 13. NAME Vincent Sneya

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria

17. INFORMANT Mrs. Chas. C. Hruby (ADDRESS) 805 so. 15 st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE April 23, 1932

19. UNDERTAKER H. S. Sidenfaden (ADDRESS) 1802 Union St St. Joseph Mo.

20. FILED APR 27 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Apr 19 ¹⁹³² to Apr 19 ¹⁹³², 1932
 I last saw h. or alive on Apr 19 ¹⁹³² Death is said to have occurred on the date stated above, at 8:30 A.m.

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

Cerebral Embolism Date of onset Apr 19
131
9th
1932
 Other contributory causes of importance:
Ch. arteriosclerotic
Reph. Chronic ①

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Frank J. Landigier, M. D.
 (Address) Kingpalmer Hwy

