

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

Do not use this space.

13954

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **5008**

City *St. Louis*

(No. *2660* *California*)

File No.

Registered No. **3252**

St. Ward)

2. FULL NAME

(a) Residence, No. *2660 California St., 23* Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? *40* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Beran</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 16-1854</i>		
7. AGE	YEARS <i>78</i>	MONTHS <i>16</i>
	DAYS <i>16</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) (STATE OR COUNTRY) <i>Bohemia 7</i>		
FATHER	13. NAME <i>John Mora</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Prague Bohemia</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Prague Bohemia</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Mary Bredlshemer 2660 California</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter Paul</i> DATE <i>April 4</i> 19 <i>32</i>		
19. UNDERTAKER (ADDRESS) <i>Mrs. Ruth ... 2906 ... Ave.</i>		
20. FILED 1932 19. <i>Max ... Registrar.</i>		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 1* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *March 26* 19*32* to *April 1* 19*32*

I last saw her alive on *April 1* 19*32* Death is said to have occurred on the date stated above, at *11:45* a.m.

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

Pneumonia Bronchial Hypostatic Date of onset *March 29*

1311

92A

93F *13/10*

Cerebral Hemorrhage

Other contributory causes of importance:

Peptic Ulcer - Myocarditis Chr. Endocarditis Chr. Chr. Suppurative Glomerulonephritis *Dec 1929*

Name of operation Date of none

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 19.....

Where did injury occur? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *none*

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) *Jno. J. ...* M. D.

(Address) *2767 Garrison Ave.*

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.

