

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

Do not use this space.

20950

**1. PLACE OF DEATH**

County ..... Registration District No. 799  
 Township ..... Primary Registration District No. 7203  
 City St. Louis (No. St. Marys Infirmary St. .... Ward)

File No. ....  
 Registered No. 5446

**2. FULL NAME**

Mildred Marlica  
 (a) Residence, No. 2827 So 18 St., 24 Ward.  
 (If nonresident, give city or town and State)

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.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 - 1921</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>4</u>	DAYS <u>20</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 school</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) mo

13. NAME John Marlica

14. BIRTHPLACE (CITY OR TOWN) Bohemia  
 (STATE OR COUNTRY) 71

15. MAIDEN NAME Frances Kulisek

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

17. INFORMANT John Marlica  
 (ADDRESS) 2827 So 18 St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Peter's DATE 6-8 1932

19. UNDERTAKER Dr. C. Maydell  
 (ADDRESS) 6921/2 Alton

20. FILED UN - 8 15 32 W. C. Parker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/32 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/22/32 1932 to 6/4/32 1932  
 I last saw her alive on 6/4/32 1932 Death is said to have occurred on the date stated above, at 2:48 m.  
 The principal cause of death and related causes of importance were as follows:

General Peritonitis  
Ruptured gangrenous Appendix  
acute toxic myocarditis  
 Other contributory causes of importance: (1)

Name of operation Explor. Lap Date of 5/22/32  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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?  
 If so, specify Thomas J. Kelly M. D.  
 (Signed) Thomas J. Kelly M. D.  
 (Address) 1536 Poplar St.

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.

