

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

Do not use this space.

21342

**1. PLACE OF DEATH**

County.....

Registration District No. *181*

Township.....

Primary Registration District No. *100*

City *St. Louis*

(No. *1601*, *Pickler*)

File No. ....

Registered No. *5900*

St. .... Ward)

**2. FULL NAME** *Frances Jansa*

(a) Residence, No. *1601* *Pickler* 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 *50* yrs. mos. ds. How long in U. S., if of foreign birth? *50* yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. *about 79 Unknown*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Id own wife*  
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) *Bohemia 7*

13. NAME *Ambros Nastopil*

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

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

17. INFORMANT *Maria Jansa* (ADDRESS) *1601 Pickler*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter & Paul* DATE *June 22 32*

19. UNDERTAKER *Wm. C. Maynard* (ADDRESS) *1926 Allen ave.*

20. FILED *JUN 23 1932* *Wm. C. Maynard* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 21 1932*

22. I HEREBY CERTIFY, that I attended deceased from *April 7 32*, to *June 21 32*, 19...  
I last saw him alive on *June 21 32*, 19... 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:

*Chronic interstitial nephritis*  
*131 131*  
Date of onset *July 7 1932*

Other contributory causes of importance: *none*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) *A. E. T. Mack* M. D.

(Address) *3014 1/2 Jefferson*

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.

