

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

Do not use this space.

24050

1. PLACE OF DEATH *St Louis*  
 96 County *St Louis* Registration District No. *1123*  
 Township *Carondelet* Primary Registration District No. *6248 E*  
 City *St. Rose* (No. *Sanctissimum*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Frank Zlatick*  
 (a) Residence, No. *4340* *Debert* St. *5-11-12* Ward \_\_\_\_\_  
 (Usual place of abode) (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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *11-27-1879*

7. AGE YEARS *52* MONTHS *7* DAYS *13* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *stone mason*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *26*

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) *Croatia 29*

13. NAME *Joseph Zlatick*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Maryout Zlatick*  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter & Paul* DATE *7-12* 1932

19. UNDERTAKER *Wm G Mordell*  
 (ADDRESS) *1926 Allen Ave*

20. FILED *7/11* 1932 *L. C. Obroy M. D.*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-10* 1932

2. I HEREBY CERTIFY, That I attended deceased from *2-1* 1932, to *7-10* 1932

I last saw him alive on *7-10* 1932. Death is said to have occurred on the date stated above, at *1 A* m.

The principal cause of death and related causes of importance were as follows:  
*Pulmonary TB* Date of onset \_\_\_\_\_

Other contributory causes of importance: *23A TB* *13*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify *Charley Myers*  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) *9101 So Broadway*

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.

97 1932

