

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

Do not use this space.

37163

1. PLACE OF DEATH

County..... Registration District No. 155
 Township St Louis Primary Registration District No. 50020
 City St Louis (No. 5101) Tabada Ave St. Ward)

File No.
 Registered No. 9776

2. FULL NAME

Viola Stanley Hukreda
 (a) Residence, No. 5101 Tabada Ave St. 6 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>W. M. Hukreda</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>7</u>
	DAYS <u>4</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>Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Ind</u> <u>3</u>		
FATHER	13. NAME <u>John Stanley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
MOTHER	15. MAIDEN NAME <u>Unknown Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT (ADDRESS) <u>W. M. Hukreda</u> <u>5101 Tabada Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine, Cm</u> DATE <u>Nov. 7, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Wiedemann Funeral</u> <u>1905 Union Blvd</u>		
20. FILED <u>NOV - 1 1937</u> <u>W. M. Hukreda</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1937, to Nov 7th, 1937
 I last saw her alive on Nov 7th, 1937. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Cardio-Renal-Vascular Disease Date of onset 1924
131
131
 Other contributory causes of importance: ⊙

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?.....
 If so, specify Clarence G. Drasin, M.D.
 (Signed)..... (Address) 1927 Union Blvd

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL STATISTICAL 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.

