

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 7911

Township.....

Primary Registration District No. 5008

City St. Louis, Mo. (No. 2654A Rutger St.)

File No. 37667
Registered No. 10354
St. _____ Ward _____

2. FULL NAME Lovina Zavala

(a) Residence, No. 2654A Rutger St. 22 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1892

7. AGE YEARS 40 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamster 31

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

10. Date deceased last worked at this occupation (month and year) 1932-11 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2-

13. NAME Benjamin Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Elizabeth Unknown

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

17. INFORMANT Miss Edith Zavala (ADDRESS) 2654A Rutger St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter Paul DATE Nov 23 1932

19. UNDERTAKER E. J. Schmur (ADDRESS) 3125 Lafayette Ave

20. FILED 1 23 1932 1932 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1932 to Nov 21 1932

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:30 m.

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

930
9150 Coronary Sclerosis
Chronic Myocarditis
Other contributory causes of importance:
930

Name of operation..... Date of.....

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 No Injury (7) (8)

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify..... (Signed) [Signature] M.D.

(Address) [Address]

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.

