

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.

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. 791
Township Primary Registration District No. 1003
City St. Louis Mo. No. 2300 * Chouteau Av. St. Ward)

File No. 41811
Registered No. 10899

2. FULL NAME

Ludmila M. Milosevich

(a) Residence, No. 2300 * Chouteau Av. 22 Ward.

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. (If nonresident, give city or town and State)

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>Marko Milosevich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16 1895</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>2</u>
	DAYS <u>23</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>Housewife</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>Bohemia</u> <u>7</u>		
FATHER	13. NAME <u>Tomas Bryll</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>	
MOTHER	15. MARRIEN NAME <u>Rose Bryll</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>	
17. INFORMANT <u>Mr Marko Milosevich</u> (ADDRESS) <u>2300A Chouteau Av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cem.</u> DATE <u>Dec. 9 1932</u>		
19. UNDERTAKER <u>E. J. Schurz</u> (ADDRESS) <u>3125 Lafayette St.</u>		
20. FILED <u>DEC - 8 1932</u> <u>[Signature]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1932 to Dec 6 1932
I last saw her alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108 / 108
Date of onset Nov 27-28

Other contributory causes of importance: (1)

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? No.
If so, specify

(Signed) St. Louis Schuchat, M. D.
(Address) 2300 Chouteau Av.

