

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.

3853

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 4005
City St. Louis (No. 2749, McCasland Ave) St. Ward

File No.
Registered No. 1. 816 St. Ward

2. FULL NAME

Juliana Takats
(a) Residence, No. 2749 McCasland St., 4 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Baldwin Takats</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10, 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>6</u>
	DAYS <u>11</u>	IF LESS THAN 1 day,hrs. ormin.
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.	
	10. Date deceased last worked at this occupation (month and year) <u>1-0-32</u>	
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 26, 1933
I last saw h. or alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 2⁵⁵ A. m.
The principal cause of death and related causes of importance were as follows:

<u>Chronic Intestinal Nephritis</u>	Date of onset <u>3 yrs</u>
<u>131</u>	
<u>131</u>	
Other contributory causes of importance:	
<u>Chronic Myocarditis</u>	<u>3 yrs</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
	13. NAME <u>Joseph W offle</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
	15. MAIDEN NAME <u>Indenauer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
17. INFORMANT <u>Louis Takats</u> (ADDRESS) <u>720 S Southmont Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>new St Peter's</u> DATE <u>1-24</u> 19 <u>33</u>	
19. UNDERTAKER <u>Tracy Schauer Maguard</u> (ADDRESS) <u>4228 V. King St</u>	
20. FILED <u>JAN 23 1933</u> <u>Max C. ...</u> Registrar.	

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) J. W. Simon, M. D.
(Address) 4000 Chouteau St Louis MO

