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.

7830

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1800

City St Louis (No. 5306, Queens Ave St. ..... Ward)

2. FULL NAME Mary Jarosik

(a) Residence, No. 5306 Queens Ave St., 7 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1851

7. AGE YEARS About 81 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

FATHER

13. NAME Jacob Stehlik

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Nicolas 5306 Queens Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE S S Peter & Paul DATE Feb 24 1933

19. UNDERTAKER (ADDRESS) Thos. Kutis 2906 Gravois

20. FILED FEB 21 1933 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1933 to Feb 21 1933

I last saw her alive on Feb 21 1933 Death is said to have occurred on the date stated above, at 12:30 a. m.

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

	Date of onset
Acute Bronchitis	Feb 15
107A	
106A 1070	

Other contributory causes of importance:

Bronchopneumonia	Feb 20

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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 2540 Jefferson