

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

Do not use this space.

14386

**1. PLACE OF DEATH**

County St. Louis  
Township Bonhomme  
City (No. ....) .....

Registration District No. 785  
Primary Registration District No. 6031

File No. ....  
Registered No. 102  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Valley Park 271 Ward. ....  
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 27 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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 18 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Park Mo

FATHER MOTHER

13. NAME Wm Ruzicka

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

15. MAIDEN NAME Nettie Negeenmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Park Mo

17. INFORMANT (ADDRESS) Mrs. J. Negeenmann Valley Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Park, Mo DATE Apr. 16 - 1933

19. UNDERTAKER (ADDRESS) Schrader & Co. Baldwin, Mo

20. FILED 4/28 1933 J. E. Barnett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 28 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1933, to 4-28, 1933

I last saw him alive on 4-29, 1933. Death is said to have occurred on the date stated above, at..... m.

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

Spontaneous something while being held in mother's arms while mother was sleep  
Other contributory causes of importance: Small child, loop some white, pneumonia

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, homicide, suicide, .....

When and where did it occur? (Specify city or town, county, and State) .....

Specify whether injury occurred in industry, in home, or in public place. Child with out question had some form of congenital Paresis

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) T. O. Smith, M. D.  
(Address) Valley Park

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.

MAY 24 1933

