

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

Do not use this space
15000

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis,** (No. **6613a Gravois Ave.**) St. **2** Ward **3524**

2. FULL NAME

Mary Kodolja.
 (a) Residence, No. **6613a Gravois Ave.** St. **2** 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) **Widowed.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 6, 1856.**

7. AGE YEARS **77** MONTHS **3** DAYS **10.** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home.**
 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) **Austria.**

FATHER 13. NAME **Martin Ursie.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria.**

MOTHER 15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT (ADDRESS) **Frank Kodolja 6613a Gravois Ave.**

18. BURIAL, CREMATION, OR REMOVAL **St. Peter & Paul DATE Apr. 19, 1938.**

19. UNDERTAKER (ADDRESS) **J. H. Hubert & Co. 2042 Meramec St.**

20. FILED **APR 18 1938** **May C. Starck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 16, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **April 14, 1933** to **April 16, 1933**
 I last saw her alive on **April 16, 1933** Death is said to have occurred on the date stated above, at **1:00 P. m.**
 The principal cause of death and related causes of importance were as follows:

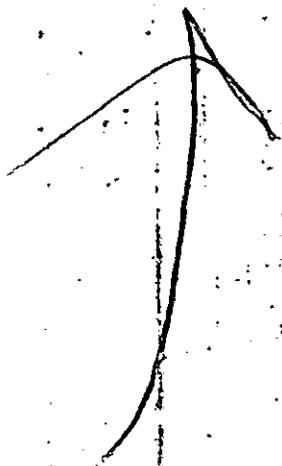
Cerebral Hemorrhage
Chronic Myocarditis
 Date of onset **April 14, 1933**
 Other contributory causes of importance: **Feb. 15, 1933**

Name of operation Date of
 What test confirmed diagnosis **Chrom. Exam** 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify **Paul Khazarian**
 (Signed) **Paul Khazarian**
 (Address) **3507 Voltaire St**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



2

21 21