

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

Do not use this space.

18074

**1. PLACE OF DEATH**

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1008

City St. Louis (No. City Hospital)

File No. ....  
Registered No. 4276  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2900a Chipewa St. Ward. 24  
(Usual place of abode)

Length of residence in city or town where death occurred 52 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 - 1881

7. AGE YEARS 52 MONTHS 3 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Edw. Drozda

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

15. MAIDEN NAME Minnie Kuedlin

16. BIRTHPLACE (CITY OR TOWN) Miami (STATE OR COUNTRY) Fla.

17. INFORMANT Hospital (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New Parkers DATE May 16 1933

19. UNDERTAKER Walter Heddle (ADDRESS) 2331 S. Broadway

20. FILED May 15 1933 Y. F. Heddle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11<sup>th</sup> 1933 to May 13<sup>th</sup> 1933

I last saw him alive on May 13<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 11.20 a.m.

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

Hypertensive Heart Disease Chr.  
Myocarditis  
Cerebral Hemorrhage

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Chm. 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 ..... 3

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Coleman M. D.  
(Address) City Hospital

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.

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