

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.

20951

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033-B
 City Myrtle Ave. (No. 6403) St. Myrtle Ave. Ward

2. FULL NAME Joseph Zdvorak
 (a) Residence No. 6403 Myrtle Ave. St. Ward
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>74</u>	<u>2</u>	<u>19</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

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

MOTHER FATHER

13. NAME Joseph Zdvorak

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

15. MAIDEN NAME Anna Golland

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

17. INFORMANT (ADDRESS) Mrs. Lily Zdvorak
6403 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent DATE June 26, 1933

19. UNDERTAKER (ADDRESS) Frank L. Oltchack Inc.
5966 Easton Ave.

20. FILED 6/24/1933 John Gray, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY That I attended deceased from , 19 , to , 19 .
 I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis, Cardiac Hypertrophy, with marked decompensation (general anasarca) Hepatic cirrhosis with generalized jaundice. Sclerosis carcinoma of the sigmoid colon.
 Other contributory causes of importance:
Acidosis-Uremia.

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify

(Signed) John B. Turner
 (Address) 3718 Juning Rd. 6/24/33

Dr. Lucie Yarnall
Corcoran St. Louis
Mo.

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