

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

Do not use this space.

**21508**

**1. PLACE OF DEATH**

County.....

Registration District No. **700**

Township.....

Primary Registration District No. **1000**

City **St. Louis** (No. **City Hospital**)

File No. ....

Registered No. **5297**

# **4159**

**2. FULL NAME**

**Frank Smokovina**

(a) Residence, No. **1206 Russell St.** **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **42** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 4th - 1850**

7. AGE YEARS **82** MONTHS **8** DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

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

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

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**

13. NAME **Anthony Smokovina**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Hospital information City Hospital**

18. BURIAL, CREMATION, OR REMOVAL **St. Peter's Church DATE 6-20-33**

19. UNDERTAKER (ADDRESS) **C. Maydell 17926 Albee Ave**

20. FILED **JUN 17 1933** **J. F. Beddeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, that I attended deceased from **June 13th 1933** to **June 16th 1933** I last saw him alive on **June 16th 1933** Death is said to have occurred on the date stated above, at **9:50 P.M.**

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

**93C**  
**Chronic Myocarditis**  
**93C**

Other contributory causes of importance:

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) **J. Beddeck**, M. D.

(Address) **City Hospital**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. No. 2

