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

Do not use this space.

1. PLACE OF DEATH
County: St Louis — Registration District No. 791
Township: — Primary Registration District No.
City: St Louis (No. Missouri-Baptist Hosp. St. Ward)

File No. 21674
Registered No. 5473

2. FULL NAME: Rosie Jenovich
(a) Residence. No. 2314 Kingshighway St. 17 Ward. Washington Park, Ill.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? 22 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 21-1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary

14. INFORMANT: Joe Ingini
(Address) Washington Park Ill.

15. FILED JUN 29 1933 J F Biedeck REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23 - 1933

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 23, 1933 that I last saw her alive on June 23, 1933, and that death occurred, on the date stated above, at 4:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperthyroidism (Exophthalmic goitre)
663
936
45A (duration) 8 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) {Myocarditis, chr auricular fibrillation
Not known (duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 20 1933
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Basal metabolism etc
(Signed) Roland Skiepper, M. D.
6/23, 1933 (Address) 4500 Olive

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Carmel Cemetery Case St Louis, Ill. — DATE OF BURIAL: June 25 1933

20. UNDERTAKER: John Kassly — ADDRESS: Case St Louis Ill

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.