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

Do not use this space.

File No. 24557
Registered No. 5942

1. PLACE OF DEATH

County St. Louis — Registration District No. 791
Township — Primary Registration District No.
City St. Louis (No. 5018, Bancroft Ave St. Ward)

2. FULL NAME Edward Zitko

(a) Residence, No. 5018 Bancroft Ave St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Zitko

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
64	8	7	

OCCUPATION

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

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

FATHER

13. NAME Joseph Zitko

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

MOTHER

15. MAIDEN NAME Anne Strusky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Anne Zitko (ADDRESS) 5018 Bancroft Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem DATE 7-7-33, 19

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 S. Kingshighway

20. FILED JUL 7 1933, 19 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1932, to July 4, 1933

I last saw him alive on July 4, 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

	Date of onset
Chronic Myocarditis.	
131	
986	

Other contributory causes of importance:

Chronic Interstitial Nephritis.	

Name of operation None. Date of --

What test confirmed diagnosis? Clinical findings 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

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

If so, specify

(Signed) Dr. B. W. Klippel M. D.

(Address) 3772a S. Broadway.

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.

WRITE PLAINLY, with UNFADING INK. THIS IS A PERMANENT RECORD