

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

Do not use this space.

30991

File No. \_\_\_\_\_  
Registered No. 17662  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis No. (No. City Infirmary)

**2. FULL NAME**

(a) Residence, No. City Infirmary St. 13 Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1854  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
abt. 80 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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 \_\_\_\_\_  
Occupation None

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

FATHER 13. NAME Dominic Mueller

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

MOTHER 15. MAIDEN NAME Cacherisic?

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

17. INFORMANT William Sukorsky  
(ADDRESS) 1801 24 St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Packer DATE Sept 6 1933

19. UNDERTAKER Wm. C. Mayall  
(ADDRESS) 1934 address a

20. FILED SEP -5 1933 J. F. Beecher  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1933, to Sept. 4, 1933

I last saw him alive on 9/4, 1933 Death is said to have occurred on the date stated above, at 10:40 m.

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

Chronic Myocarditis Date of onset ?  
34  
130  
34  
Other contributory causes of importance:  
Syphilis ?  
Nephritis  
Bronchopneumonia 9/1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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. William, M. D.

(Address) East 7th St

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.

SEP 20 1933

100-100-100