

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

Do not use this space.

**31588**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
*St. Louis Isolation Hospital* (No.)..... St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *2014 So 15<sup>th</sup> St.* St. *23* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *42* yrs. mos. *16* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <i>Male</i>	<b>4. COLOR OR RACE</b> <i>White</i>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <i>Single</i>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <i>Single</i>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <i>Sept 5 1891</i>		
<b>7. AGE</b>	<b>YEARS</b> <i>42</i>	<b>MONTHS</b> <i>15</i>
	<b>DAYS</b> <i>15</i>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <i>Shoe maker</i>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>St. Louis Mo.</i>		
<b>FATHER</b>	<b>13. NAME</b> <i>Frank Baum</i>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Bohemia</i>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <i>Mary Babka</i>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Bohemia</i>	
<b>17. INFORMANT</b> <i>Mary Baum</i> (ADDRESS) <i>2014 So 15<sup>th</sup> St.</i>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b> <i>St. Peter Paul</i> DATE <i>Sept 23 1933</i>		
<b>19. UNDERTAKER</b> <i>W. C. Moydell</i> (ADDRESS) <i>1926 Allen St.</i>		
<b>20. FILED</b> <i>20</i> 1933 <i>J. J. Hebeck</i> Registrar.		

**1 No MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Sept 20 1933*  
**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *7<sup>30</sup>* m.  
 The principal cause of death and related causes of importance were as follows:

**17** *Encephalitis (Epidemic)*  
 Other contributory causes of importance: *IT*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

**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) *Harold Babka* M. D.  
 (Address) *St. Louis*

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.

OCT 20 1933

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