

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

Do not use this space.

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. 32792
 3 Township Springfield Primary Registration District No. 200, 16 Registered No. 32792
 5 City Springfield No. 1525 Boonville St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1525 Boonville 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Slovinsky
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1862
 7. AGE YEARS 70 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring Shop
 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 Hungary

13. NAME John Slovinsky

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary A. Benedict no. Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE Oct 27 1933

19. UNDERTAKER (ADDRESS) W. Wilkinger & Co. Springfield

20. FILED 10 27 1933 St. Louis Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1933 to 10-26-1933
 I last saw her alive on 10-30-1933 Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease + postural block Date of onset Several years
95% Senility
 Other contributory causes of importance: _____

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) C. E. Zeller, M. D.
 (Address) Springfield

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.

NOV 10 1933

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

