

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

Do not use this space.

34718

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. no.
City St. Louis (No. Germin, Desloge Hospital)

File No.....
Registered No. 8880
St. Ward)

2. FULL NAME

John Kristoff
(a) Residence, No. 4135 Oregon Ave. St. 15 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7.0 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 Anna Kristoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>7</u>	<u>21</u>	

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

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) (STATE OR COUNTRY) Hungary

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anna Kristoff
4135 Oregon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. Peter Paul DATE Oct 14, 1933

19. UNDERTAKER (ADDRESS) Proa Kutis
2906 Travis Ave

20. FILED 1.1 1933 19 J. Brederick Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1933, to Oct. 12, 1933

I last saw him alive on Oct. 12, 1933. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

92C
Subacute Bacterial Endocarditis
(Streptococcus Viridans) 8/1/32

7-1 A
36
Other contributory causes of importance:

Pneumonia Endocarditis years

Name of operation Pap Date of

What test confirmed diagnosis? All tests 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) J. Anthony Brennan, M. D.
(Address) 401 Hazelwood Bldg.

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

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