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

Do not use this space.

34902

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1902

City St. Louis (No. De Paul Hospital St. ..... Ward)

File No. .....

Registered No. 9081

2. FULL NAME Louis Keroly

(a) Residence, No. ..... St., 6 Ward. Worden, Ill.
(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 Helen Keroly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	11	6	

OCCUPATION

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

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

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Wm. O'Rourke.
(ADDRESS) 4408 Holly.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Worden Ill. DATE Oct. 23 1933

19. UNDERTAKER Wm. Schmaglmy
(ADDRESS) 1634 Pulaski Bridge

20. FILED OCT 21 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29th, 1933, to Oct 20th, 1933
I last saw him alive on Oct 20th, 1933. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Brain.	9/19
(Bilateral hemiplegia)	
131	
82A	
31	
Other contributory causes of importance:	
Chr. Nephritis	?
0	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) Arthur Lindlar, M. D.
(Address) 2202 Lucas Pl.

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

11
14
31
31