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.

NOV 10 1933

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

Do not use this space.

File No. 35083

Registered No. 9296

1. PLACE OF DEATH

County ..... Registration District No. 782

Township ..... Primary Registration District No. 1012

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Elizabeth Jonak

(a) Residence, No. 606 Bellevue Dr. 24 Ward. University City
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Jonak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 19 - 56

7. AGE: Years 76 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None wife

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): Bohemia

FATHER

13. NAME: Frank Tuma

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

MOTHER

15. MAIDEN NAME: Urbana

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

17. INFORMANT (ADDRESS): Lillian Seiling 606 Bellevue Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Parker DATE Oct 28 33, 19

19. UNDERTAKER (ADDRESS): Wm. G. Mayville 1926 Gaden

20. FILED ....., 19 .....

J. F. Fiedrich
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933, to Oct 26, 1933

I last saw h. alive on Oct 26, 1933. Death is said to have occurred on the date stated above, at 10 A.M.

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

	Date of onset
Bronchopneumonia,	10-12-33
186A terminal	
194B	
107A	

Other contributory causes of importance:

Intertrochanteric fracture of right femur (10-6-33)

Name of operation: Splint — Date of: 10-7-33

What test confirmed diagnosis? Indirectly Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-6, 1933

Where did injury occur? City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury: fell on floor

Nature of injury: Intertrochanteric fracture femur, rt.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. J. Pruett, M. D.

(Address) 6006 Virginia Avenue