

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.

AN 26 1934

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

Do not use this space.

42025

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. D08
City St. Louis (No. 4550, Ray av)

File No. 11070
Registered No. St. Ward)

2. FULL NAME

Caroline Kadera
(a) Residence, No. 4550 Ray av St. 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Kadera
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23 - 63
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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 John Kasal

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Jacob Kadera
(ADDRESS) 4550 Ray av

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picher DATE Dec 26, 33

19. UNDERTAKER W. C. Moyall
(ADDRESS) 1926 S. Allen av

20. FILED J. F. Biedeck
19 12 19 33 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 - 12 - 33, to 12 - 23 - 33, 1933
I last saw h. er alive on 12 - 23, 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Broncho-pneumonia 12/15/33
930
107A
Other contributory causes of importance: Myocardial (chronic)
Date of onset

Name of operation none Date of
What test confirmed diagnosis fluorescence 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. F. Biedeck, M. D.
(Address) 134 S. 85th Street R.L.

