

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

Do not use this space.

3131

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
003  
Primary Registration District No. St. Anthony Hospital

File No. ....  
Registered No. 789  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2839 Neosho 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 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3-SEX Female 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 William Kubice  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 73  
7. AGE YEARS 60 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

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

MOTHER FATHER 13. NAME John Reznicek

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

15. MAIDEN NAME Anna Karak

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

17. INFORMANT Emil Kubice

(ADDRESS) 2839 Neosho

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Springs DATE Jan 22 34

19. UNDERTAKER Wm. E. Mondella

(ADDRESS) 1926 Golden ave

20. FILED 44 1331 19 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934, to Jan 19 1934

I last saw him alive on Jan 18 1934. Death is said to have occurred on the date stated above, at 1 1/2 m.

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

Lobar Pneumonia (Rt) Date of onset 1-17-34  
100  
131  
108  
Other contributory causes of importance:  
Chronic Myocarditis 1929  
1929  
1929  
Name of operation None Date of.....  
What test confirmed diagnosis? Clinical Lab 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) W. E. Mondella M. D.  
(Address) 5417 So Grand Blvd.

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.

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