

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

Do not use this space.

5451

1. PLACE OF DEATH

County *Jefferson*
Township *Meramec*
City (No. _____) _____

Registration District No. *425*
Primary Registration District No. *5580*

File No. *10*
Registered No. *38*
St. _____ Ward _____

2. FULL NAME

Margalena Svoboda
(a) Residence, No. *Flamie So. of House Springs* (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? *1* yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid*

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William Svoboda*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *29 Jan 1854*

7. AGE YEARS *80* MONTHS *0* DAYS *6* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *formerly dist*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housework*
10. Date deceased last worked at this occupation (month and year) *Nov for 10 yrs* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bohemia*

13. NAME *John Mikel*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *John Gebencir*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Order* DATE *Feb 6 34*

19. UNDERTAKER (ADDRESS) *Mr. C. Mayall*

20. FILED *24* *37* *James A. Scovense* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 Feb 34*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *10* m.

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

Chronic Myocarditis 4 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) *James A. Scovense*

(Address) *House Springs*

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 CAREFULLY WITH OUTFOLDING INSTRUMENTS TO A PERMANENT RECORD

REC-57
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