

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.

MAR 24 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 6412), Hancock Av..... St. .... Ward)

File No. **6797**  
 Registered No. **1650**

**2. FULL NAME** Bessie Bodlovic

(a) Residence, No. 6412 Hancock St., 14 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 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 Vincent Bodlovic

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 1 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) May 14 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

13. NAME Thomas Schneider

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincent Bodlovic

17. INFORMANT Vincent Bodlovic (ADDRESS) 6412 Hancock Av

18. BURIAL, CREMATION, OR REMOVAL PLACES San Set Hill Cal. Feb 17 1934

19. UNDERTAKER J. H. Subkow (ADDRESS) 2630 S. ... Av

20. FILED J. F. Bredecki Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan Feb 14, 1934, to Feb 14, 1934  
 Last saw he alive on Feb 14, 1934. Death is said

to have occurred on the date stated above, at 7:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Pleno Labor  
Pleno Immune  
 100  
 110A  
 106  
 Other contributory causes of importance angina  
 Date of onset 1/14/34

Name of operation none Date of       
 What test confirmed diagnosis? Aspirin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 SCHERMAN!  
 (Signed) L. S. Scherman, M. D.  
 (Address) 2919 S. K. Hwy

Dr. Salomon  
2917 S  
8 To 10 AM

OFFICE OF THE DIRECTOR

1962