

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

Do not use this space.

27107
7341

1. PLACE OF DEATH-

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** No. **8 on Route** City Hospital # **1** St. Ward)

2. FULL NAME

(a) Residence, No. **1709 Dolman St.** **23** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 13 - 1884**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **1**
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) **Hungary**

MOTHER 13. NAME **Unknown Toth**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs Adelle Toth**
(ADDRESS) **1272 A Allen Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem.** DATE **July 24, 1934**

19. UNDERTAKER **E. J. Schuber**
(ADDRESS) **3125 Lafayette Av.**

20. FILED **11 21 1934** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1934**

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 **530** p.m.

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

191
Excessive Heat
Other contributory causes of importance: **30**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?

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) **Harold H. Hays**

(Address) **724 1/2**

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.

AUG 16 1934

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

