

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.

NOV 13 1934

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

Do not use this space.

37754

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City, En route, City Hosp. #1, St. 10207 Ward)

2. FULL NAME

(a) Residence, No. 4925 Bonita St. 2 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 3

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

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) Hungary

13. NAME John Szabolovics

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

15. MAIDEN NAME Winkler

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

17. INFORMANT John Szabolovics (ADDRESS) 4925 Bonita Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE Oct 23 34

19. UNDERTAKER Wacker, Jelderle (ADDRESS) 2331 Broadway

20. FILED Oct 22 1934 J. F. Bredebeck Registrar.

MEDICAL CERTIFICATE OF DEATH
~~No physician in attendance~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 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 6:10 A.

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

Chronic Myocarditis
Chronic Interstitial Nephritis
Cirrhosis of Liver
Splenitis

Date of onset

Other contributory causes of importance:
1240
191
830

(Name of operation) _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Frank P. Furlong

(Address) Carroll

