

DEC 13 1934

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

Do not use this space.

40946

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 303
City St. Louis (No. St. Lukes Hospital)

File No.....
Registered No. 10890
St. Ward

2. FULL NAME

(a) Residence, No. St. NR Ward. Blue Carbon 222
(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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Blue Carbon Ill

13. NAME William Lehoty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keota Mo

15. MAIDEN NAME Margaret Petras

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

17. INFORMANT (ADDRESS) Margaret M Lehoty Blue Carbon Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Carbon Ill DATE 11-15-34

19. UNDERTAKER (ADDRESS) Albert J. Happy 429 N. Grand

20. FILED BY J. Bredeck REGISTRAR. DATE NOV 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1934, to 11-13, 1934

I last saw him alive on 11-13-34, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Hydrocephalus Congenitus
157A
Date of onset _____
Other contributory causes of importance: None

Name of operation None 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) R. M. Blume, M. D.

(Address) 901 Belmont Bldg.

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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