

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

Do not use this space.

45014

JAN 24 1935

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1203
 City St. Louis (No. 5438 O'Fallon) St. 14 Ward 14

File No.....
 Registered No. 12167 St. Ward)

2. FULL NAME

Albert Chatlofsky
 (a) Residence, No. 5438 O'Fallon St., 14 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>20</u>	<u>0</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
 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) St. Louis, Mo

13. NAME Peter Chatlofsky

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

15. MAIDEN NAME Barbara Trebnic

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

17. INFORMANT Peter Chatlofsky

(ADDRESS) 5438 O'Fallon

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Ticker DATE 12-26-34

19. UNDERTAKER Wahlman Mortuary

(ADDRESS) 2228 Jefferson Highway

20. FILED 24 1934, 1935 Joe. J. Bredeck Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-34

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1933, to 12-24, 1934.
 I last saw him alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at 4:37 m.

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

Chronic pericarditis
nephritis
12/1
97112
 Other contributory causes of importance:
acute dilatation of heart

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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? No
 If so, specify _____
 (Signed) P. E. Zell, M. D.
 (Address) Price Bldg

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.

Mr. E. J. Bell

Frisco Bldg.
9th & Clark

1887