

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

Do not use this space.

MAR 5 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *2633*, *Dowa ave* St. _____ Ward) _____
 Registered No. **1911**

2. FULL NAME

Mary Jurvas
 (a) Residence, No. *2633*, *Dowa ave* 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? *35* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <i>Anthony Jurvas</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 11-1876</i>		
7. AGE	YEARS	MONTHS
	<i>58</i>	<i>2</i>
		DAYS
		<i>14</i>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Bohemia</i>		
MOTHER	13. NAME <i>John Chochol</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bohemia</i>	
	15. MAIDEN NAME <i>Barbara Pormanek</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bohemia</i>	
17. INFORMANT (ADDRESS) <i>Mary Ksir 2633 Dowa ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>S S Veter Paul</i> DATE <i>Oct 28</i> 19 <i>35</i>		
19. UNDERTAKER (ADDRESS) <i>Thos Kutis 2906 Grand av</i>		
20. FILED <i>27</i> 1935 19 <i>J. P. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 25* 19*35*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 14* 19*35* to *Oct 25* 19*35*
 I last saw *her* alive on *Oct 25* 19*35* Death is said to have occurred on the date stated above, at *12:45* m.
 The principal cause of death and related causes of importance were as follows:

1. *Chronic suppurative*
zephritic
 2. *Chronic myocarditis*
 Date of onset *May 31*
 Other contributory causes of importance: *Cerebral hemorrhage* *2-23-35*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Cerebral* 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) *M. D. Gausler*, M. D.
 (Address) *3019 So Jefferson av.*

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.

WHITE EXAMINER WITH OBTAINING THIS IS A PERMANENT RECORD

