

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

Do not use this space.

APR 29 1935

11355

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No.         ) Sam Harrison St.          Ward         

File No. ....  
Registered No. **3013**  
St.          Ward         

**2. FULL NAME**

Julius Zizvari  
(a) Residence, No. 5344<sup>1/2</sup> Bancroft St., 14 Ward. .... (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 32 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 Rosa Seemayer Zizvari

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>47</u>	<u>11</u>	<u>4</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

MOTHER 13. NAME Joseph Zizvari

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

15. MAIDEN NAME Unknown

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

17. INFORMANT W.F. McNamee M.D.  
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE April 2, 1935

19. UNDERTAKER (ADDRESS) Thos. Hyatt's 2906 Gravois on

20. FILED APR - 1 1935 Bebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1935

22. I HEREBY CERTIFY That I attended deceased from March 4th, 1935 to March 31, 1935  
I last saw him alive on Mar. 31st, 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane - Fyfe type - 3/4/35  
Other contributory causes of importance: 83

Name of operation Chloral 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) William F. McNamee M. D.  
(Address) 5400 Arsenal St

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.

