

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.

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

Do not use this space.

JUN 4 1935

14195

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 60.3.3A
City Clayton (No. St. Louis Co. Hosp.) St. _____ Ward _____

File No. _____

Registered No. 120

2. FULL NAME

Lavarsky, Marie
(a) Residence, No. 5638 Willard St. _____ Ward _____
(Usual place of abode)

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 Fi. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 9 22

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

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) Bohemia

13. NAME Frank Kujala

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

15. MAIDEN NAME Unku

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

17. INFORMANT John Yarovsky
(ADDRESS) 5638 Willard

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE 4/18 1935

19. UNDERTAKER Wm. C. Moydell
(ADDRESS) 1926 Ailey

20. FILED 4-6 1935 Roth J. Ambrose
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18/35, 1935, to 4/5/35, 1935

I last saw him alive on 4/5/35, 1935. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Pulmonary Embolus Date of onset 4/5/35
Post operative cholelithectomy and appendectomy 4/1/35

Other contributory causes of importance

Name of operation cholelithectomy and appendectomy Date of 4/1/35

What test confirmed diagnosis? _____ 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 _____, 1935

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) James P. Meador, M. D.
(Address) St. Louis Co. Hosp. Clayton

