

JUN 18 1935

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

Do not use this space.

17879

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. 3517 N Broadway)

File No. 4194

Registered No.....

St. .... Ward)

2. FULL NAME

LAZAR CAZULY

(a) Residence, No. 13517 N Broadway St. 26 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1934, to May 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 12TH 1879

I last saw him alive on May 5 1935 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 - + 28

to have occurred on the date stated above, at 4:15 a.m.

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

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

Pulmonary Tuberculosis Date of onset 1932

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

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10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: Chr. Myocarditis

12. BIRTHPLACE (CITY OR TOWN) AUSTRIA HUNGARIA (STATE OR COUNTRY)

13. NAME Oza CAZULY

14. BIRTHPLACE (CITY OR TOWN) AUSTRIA HUNGARIA (STATE OR COUNTRY)

15. MAIDEN NAME JUGA CAZULY

16. BIRTHPLACE (CITY OR TOWN) AUSTRIA HUNGARIA (STATE OR COUNTRY)

17. INFORMANT Maca Cazuly (ADDRESS) 3517 N Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cemetery DATE May 10 35

19. UNDERTAKER Edward J. Koch (ADDRESS) 3516 N 14th St

20. FILED MAY -9 1935 J. Bredeck Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) Nicholas Klein, M. D. (Address) 1105 Sulzbury St.

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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