

AUG 9 1935

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

Do not use this space.

24503

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
1003
Primary Registration District No. *City Hosp #1*

File No.....
Registered No. **5883**
St. Ward)

2. FULL NAME

(a) Residence, No. *St. Louis 1944 - Withnell Ave 24* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S., if of foreign birth? *8* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widowed</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 11th 1868</i>		
7. AGE YEARS <i>66</i>	MONTHS <i>2</i>	DAYS <i>25</i>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Merchant</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Grocery store</i>		
10. Date deceased last worked at this occupation (month and year) <i>Feb - 1935</i>		11. Total time (years) spent in this occupation <i>40 yrs</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Czechoslovakia*

13. NAME *Unknown*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Bohemia*
15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Bohemia*

17. INFORMANT (ADDRESS) *Rudolph Kalar St. Louis, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Edwardsville Ill* DATE *July - 10th 1935*

19. UNDERTAKER (ADDRESS) *W.P. Strube Edwardsville Ill*

20. FILED *- 9 1935* 19 *J.F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1935*

22. I HEREBY CERTIFY That I attended deceased from *Feb 2 1935* to *July 7 1935*
I last saw him alive on *July 7 1935* Death is said to have occurred on the date stated above, at *4 P.M.*

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance: *824*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *W.L. Agnus*, M. D.
(Address) *1515 Lafayette*

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.

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Mr. J. S. Johnson

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