

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.

SEP 16 1935

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

Do not use this space.

27794

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 1867 S. 11 St.)..... St. Ward)

File No.
Registered No. 6845
St. Ward)

2. FULL NAME

(a) Residence, No. 1867 S. 11 St. St. 23 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE whites 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Nagy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 77

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs. or	min.
	<u>57</u>	<u>8</u>	<u>26</u>			

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

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) Slovakia

FATHER 13. NAME George Joly

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Michael Nagy
1867 S. 11 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonaventure DATE Oct 12 35 19

19. UNDERTAKER (ADDRESS) Dr. B. Joly
1826

20. FILED 10 10 1935 19 J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935, to Aug 9 1935

I last saw her alive on Aug 8 1935. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Broncho-pneumonia Date of onset 2 wks.
Carcinoma of liver

Other contributory causes of importance: Chronic arthritis 1 yr.

Name of operation..... Date of.....

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..... 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) Wm. J. Wotawa M. D.
(Address) 1040 Emmet St.

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