

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.

AUG 23 1935

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

Do not use this space.

791
1003

27926

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis (No. 5406 Magnolia) Ward

File No.
Registered No. 6991
St. Ward

2. FULL NAME

(a) Residence, No. 5406 Magnolia 13 Ward.

(Usual place of abode) (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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Loida

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28-1861

7. AGE YEARS 73 MONTHS 10 DAYS 17 If LESS than 1 day, hrs. or min.

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

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 Joseph Loida

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Louise Holt
5406 Magnolia

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pines DATE Aug 19 1935

19. UNDERTAKER (ADDRESS) Wm. C. Moydell
924 S. Gallien

20. FILED AUG 17 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1935 to Aug 15 1935

I last saw h. in alive on Aug 15 1935 Death is said to have occurred on the date stated above, at 3:45 p. m.

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

Peritonitis antelance Date of onset 8-5-35
myocarditis antelance 8-9-35

Other contributory causes of importance:
Broncho-Pneumonia 8-12-35

Name of operation no Date of operation
What test confirmed diagnosis? Clinical & Pathology Was test by authority? 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?
If so, specify

(Signed) J. F. Bredeck M. D.
(Address) 5730 Southwest Ave

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