

FEB 11 1936

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

Do not use this space.

3513

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. City)

Registration District No. 791
Primary Registration District No. 2173

File No. _____
Registered No. 749
St. _____ Ward _____

2. FULL NAME

Mary Kobina

(a) Residence, No. 1236 29th St. 22 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 26 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 90

7. AGE YEARS 45 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wash
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hwy
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) Justin

13. NAME Paul Jizo

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

15. MAIDEN NAME Mubner

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

17. INFORMANT (ADDRESS) John J. Jizo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Jan 22 36

19. UNDERTAKER (ADDRESS) Wm. G. Moyall
1926 J Allen ave

20. FILED JAN 21 1936 J. Bredack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1935 to 11/19, 1936

I last saw him alive on 11/19, 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Pneumonia - Pleural Effusion
Localized Peritonitis (Abscess)
due to cholecystitis

Other contributory causes of importance:
Chronic Cholecystitis with stones

Name of operation Cholecystectomy - 12-31-35
What test confirmed diagnosis? None 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? _____
If so, specify _____
(Signed) J. B. Jizo, M. D.
(Address) City, Mo.

