

MAR 12 1936

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

Do not use this space.

7991

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 3521) Mc Lean ave Registered No. 1662
St. Ward)

2. FULL NAME

Josephine Kotalik
(a) Residence No. 3521 Mc Lean St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — <u>Joseph Kotalik</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18, 1885</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>1</u>	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Bohemia</u>				
FATHER	13. NAME <u>William Minarik</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>			
17. INFORMANT <u>Joseph Kotalik</u> (ADDRESS) <u>3521 Mc Lean</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Peter Paul</u> DATE <u>Feb. 15, 1936</u>				
19. UNDERTAKER <u>Thos. Katis</u> (ADDRESS) <u>2906 Groves Ave.</u>				
20. FILED <u>1</u> 1936 19 <u>J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935 to Feb 13, 1936
I last saw her alive on 2/13, 1936. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic Interstitial Nephritis 10 months

Other contributory causes of importance: 131
Chronic Myocarditis 10 months

Name of operation Date of
What test confirmed diagnosis? Lab 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) Edward J. Pina, M. D.
(Address) 1841 1/2 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.

