

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.

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

Do not use this space.   
16796

MAY 27 1936

1. PLACE OF DEATH

County St. Louis  
Township Normandy  
City Pine Lawn (No. 3718)

Registration District No. 789  
Primary Registration District No. 6033

File No. \_\_\_\_\_  
Registered No. 135  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Novagratz  
Pine Lawn Hospital

(a) Residence, No. 505 Little Broadway st. 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 m  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF sin 10

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 3 10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) St. Louis MO.

MOTHER FATHER  
13. NAME Geo. Novagratz

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

MOTHER FATHER  
15. MAIDEN NAME Theresa Fles

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

17. INFORMANT Charles Fles  
(ADDRESS) 505 Little Broadway St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mount Olive Cem DATE April 30 1936

19. UNDERTAKER C. Hoffmeister & Co.  
(ADDRESS) 2705 S. Broadway

20. FILED 4-28- 1936 W. A. Baehner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/1936

22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1935 April 28th, 1936  
I last saw him alive on April 28th, 1936 Death is said to have occurred on the date stated above, at 1:45 AM  
The principal cause of death and related causes of importance were as follows:

Chr. bi-lateral pulmonary tuberculosis; tubercular laryngitis;  
Entered Pine Lawn hospital, June 13th 1936. County ward.

Other contributory causes of importance:  
Toxemia; myocardial degeneration; myocardial failure.  
History of being ill several months previous to entering here.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? cli and 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 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(S. Give city or town, county, and State)

Specify whether injury occurred in industry, at 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) Luke B. Turner, M. D.  
3718 Jennings, Wd.  
4/28/36

