

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.

JUL 1 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24669

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis,** (No. **4416 So. Main St.**)

File No.

Registered No. **6291**

St. Ward)

2. FULL NAME

Katherine Pilousek(a) Residence, No. **4416 So. Main St.** St. **15** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1845.		
7. AGE YEARS 90	MONTHS 6	DAYS 25
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
	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 **Don't Know**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**15. MAIDEN NAME **Don't Know**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**17. INFORMANT **C. Diehl**
(ADDRESS) **4416 So. Main St.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **New Pickers** DATE **June 22, 1936**19. UNDERTAKER **J. H. Stephen & Co.**
(ADDRESS) **2842 Meramec St.**20. FILED **JUN 21 1936**
J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-19**, 19**36**22. I HEREBY CERTIFY, That I attended deceased from **6-1**, 19**36**, to **6-19**, 19**36**I last saw her..... alive on..... **6-12**, 19**36**. Death is said to have occurred on the date stated above, at **4 P.** m.

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

Chronic myocardial disease?

Other contributory causes of importance:

Serility

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

What test confirmed diagnosis? **clinical** 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) **J. H. Jones**, M. D.(Address) **3416 S. Beverly**

