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 18 1936

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

Do not use this space.

28629

File No. 7397

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. 1110 A Lafayette Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Anna Pavlat

(a) Residence, No. 1110.A Lafayette Ave. St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Joseph Pavlat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1846

7. AGE: YEARS: About 80 MONTHS: Unknown DAYS: If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

FATHER

13. NAME: Joseph Hladek

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Ann Pavlat.
(ADDRESS) 1110.A.Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fenton Mo. DATE July 18, 1936

19. UNDERTAKER: W. O. Mogell
(ADDRESS) 1926 allen Ave.

20. FILED JUL 16 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician In Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15 P.M.

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

	Date of onset
Excessive Heat.	
Other contributory causes of importance:	

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

What test confirmed diagnosis? ..... 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. J. Cafeney, M. D.

(Address) Lafayette Coroner