

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

AUG 18 1936

Do not use this space.

28812

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **PEOPLES HOSPITAL**)
 St. _____ Ward _____

2. FULL NAME

VICTORIA VUSCOVICH

(a) Residence, No. **3128 Lantana** St., **21** Ward. (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 **COL.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Paul Vuscovich**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-23-1860**
 7. AGE YEARS **76** MONTHS **2** DAYS **12** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
 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) **La**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Paul Vuscovich** (ADDRESS) **3128 Lantana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Airy** DATE **7-18** 19**36**

19. UNDERTAKER **Manuel Gund, Co** (ADDRESS) **4027 Franklin Ave**

20. FILED **JUL 18 1936** **J.P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-15-1936**

22. I HEREBY CERTIFY, That I attended deceased from **7-14-1936** to **7-15-1936**

I last saw him alive on **7-15-1936** Death is said to have occurred on the date stated above, at **7:30 P.M.**

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

LOBAR PNEUMONIA, LEFT Date of onset **7-13-36**

Other contributory causes of importance: **HEAT PROSTRATION** **not heat stroke**

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? **No**
 If so, specify _____

(Signed) **C.M. Jones**, M.D.
 (Address) **34407 Pine Blvd.**

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.

