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.

791

29032

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 29032

Township ..... Primary Registration District No. ..... Registered No. 7805

City St. Louis, Mo. (No. ....., Sanitarium ..... St. ..... Ward)

2. FULL NAME Joseph Tokodi

(a) Residence, No. 216 Salisbury St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Horvath Tokodi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1880

7. AGE: YEARS 56 | MONTHS 2 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gluer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Basket Factory
10. Date deceased last worked at this occupation (month and year) November 1931
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Hungary

FATHER

13. NAME John Tokodi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Hungary

MOTHER

15. MAIDEN NAME Katie Berko
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Hungary

17. INFORMANT (ADDRESS) W.L.Moore, M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE July 1936

19. UNDERTAKER (ADDRESS) Edward Koch 3516 7 14 St. Sty

20. FILED 7-23 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, 19....., to July 21, 1936, 19.....
I last saw him alive on July 21, 1936, 19..... Death is said to have occurred on the date stated above, at 8:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7-17-36

Other contributory causes of importance:

Generalized Arteriosclerosis	7-1-36x
Essential Hypertension	7-1-36x
Right Internal Capsular Hemm-	
orhorage with left	
Side Hemiplegia	7-1-36x
Arteriosclerotic Dementia	7-1-36x

Name of operation ..... Date of .....
What condition is diagnosed ..... 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? No
If so, specify .....

(Signed) W. L. Moore, M D, M. D.
(Address) 5400 Arsenal St.