NOV 4 1936

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

Do not use this space.

39024

791

1003

File No.

Registered No. 10050

1. PLACE OF DEATH

County

Township

City ST. LOUIS (No. En Route Hosp. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME FRANK ZIDAR

(a) Residence, No. 6308 W. FLORISSANT St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUSBAND OF LAURA ZIDAR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
ABOUT	53			

OCCUPATION

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

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) UNKNOWN JUGO-SLAVIA

FATHER

13. NAME UNKNOWN

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) GEORGE PETERS 4730 BESSIE COURT

18. BURIAL, CREMATION, OR REMOVAL PLACE ~~FALLENS~~ BY CEMETERY DATE 10/6/36 19

19. UNDERTAKER (ADDRESS) Friedmeyer & Sons 3934 N. 20 St.

20. FILED OCT 5 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Obj. attended

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 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 9:28 P.m.

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

Carcinoma of throat — Date of onset

Chr. Myocarditis

Other contributory causes of importance: 45 F.

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Harold [illegible], M. D.

(Address) [illegible]

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.