NOV 4 1936

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

Do not use this space.

39272

File No.

Registered No. 10306

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1008

City St. Louis, Mo. (No. St. Anthonys Hospital St. Ward)

2. FULL NAME Rose Komrska

(a) Residence, No. 2338 A Michigan Ave., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 24, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	4	18	

OCCUPATION

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

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) Czechoslovakia

FATHER

13. NAME Joseph Komrska

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

MOTHER

15. MAIDEN NAME Anna Sipp

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

17. INFORMANT Nellie Komrska
(ADDRESS) 2338 a Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. SPeter & Paul DATE Oct. 15, 1936

19. UNDERTAKER Geo. E. Maxwell
(ADDRESS) 1926 Allen Ave.

20. FILED OCT 13 1936 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1936, to October 12, 1936.
I last saw her alive on October 12, 1936. Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Oct 11-36

Other contributory causes of importance:

Strangulated hernia (Ritter)	1934
Left Acute Tubular Nephritis	1935
Chr. Myocarditis Chr. Endocarditis	1933

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Joseph Sedlak, M. D.
(Address) 2767 Gamble Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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