

NOV 4 1936

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

Do not use this space.

39485
58300

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 1023 Garth

File No.....
Registered No. 10526 Ward.....

2. FULL NAME Josephine Slizek

(a) Residence, No. 1023 Garth St. 8 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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 white 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

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) Austria

13. NAME Frank Bokan

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

15. MAIDEN NAME Josephine Fiesko

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

17. INFORMANT Frank Bokan (ADDRESS) 425 Antelope

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvery Cem. DATE Oct. 21, 1936

19. UNDERTAKER Dædrieh Funeral Home (ADDRESS) 8319 Hallsferry Rd.

20. FILED OCT 20 1936 J. H. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/18 1936, to 10/19 1936

I last saw him en alive on 10/19/36, 19..... Death is said to have occurred on the date stated above, at 10.30 A.M.

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

Cerebral hemorrhage Date of onset 10/8
apoplexy
hypertension

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? No

If so, specify.....

(Signed) J. H. Bredeek, M. D.

(Address) 8321 1/2 Bly

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.

See affidavit misc. file D # 42, 1937.