

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937

**791
1003**

File No. **3550**
Registered No. **583**

96
30

County
Township
City St. Louis, Missouri

Registration District No.
Primary Registration District No.
City Hospital No. 1

B. 14794 Marie Jones

2. FULL NAME

(a) Residence, No. 1622 South 13th St., 23 Ward, 1 (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20. 1903

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>33</u>	<u>4</u>	<u>25</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) St. Louis, Missouri

FATHER 13. NAME Joe Hered

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slavakia

MOTHER 15. MAIDEN NAME Anna Duda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slavakia

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Jan 16 37

19. UNDERTAKER Thos. Kutis
(ADDRESS) 2906 Trovay or

20. FILED JAN 14 1937 J.P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14/37 1937

22. I HEREBY CERTIFY, That, I attended deceased from 1/11/37 to 1/14/37 1937

I last saw h. fer alive on 1/14/37 1937 Death is said

to have occurred on the date stated above, at 1.55 p.m.

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

Pulmonary Tuberculosis
Other contributory causes of importance: 23

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 1937

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? Yes
If so, specify See Dr. Bredeck (Signed) J.P. Bredeck, M. D.
(Address) City Hospital No. 1

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.

