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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

96 County ..... Registration District No. 791 File No. 3819

30 Township ..... Primary Registration District No. 1003 Registered No. 856

9 City St. Louis (No. Desloge Hospital St. ..... Ward)

2. FULL NAME Rose Kolar

(a) Residence, No. 4715 Vienna Ave. St., 14 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1870

7. AGE: About 66 YEARS; MONTHS: Unknown; DAYS: Unknown; If LESS than 1 day, ... hrs. ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 234

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) Czecho-Slovakia 7

FATHER

13. NAME Frank Krivanec

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia 0

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT (ADDRESS) William Kolar 4715 Vienna Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE 1/20/37 19

19. UNDERTAKER (ADDRESS) Wm C. Moydell 1926 Allen Ave.

20. FILED ..... 19 ..... J F Bredeck Registrar.

JAN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1937, to Jan 17, 1937

I last saw her alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Degenerative heart disease — Date of onset ?
Cirrhosis of liver — ?

Other contributory causes of importance: 184

Name of operation none 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? None

If so, specify .....

(Signed) Fabian J. Burke, M. D.

(Address) 6402 A Morgan Ford.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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