MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 8321

Registered No. 1772

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B. 15714

2. FULL NAME Anton Roman

(a) Residence, No. 8399 Reilly St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	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 Grace.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	9	29	

OCCUPATION

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

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

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 Anton Roman

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

MOTHER

15. MAIDEN NAME Margaret ? Dietrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe Germany

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

18. BURIAL, CREMATION, OR REMOVAL. PLACE Mt. Hope Cem. DATE 2-11 ..., 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED FEB 10 ..., 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/37, 19

22. I HEREBY CERTIFY That I attended deceased from 1/30/37, 19.... to 2/8/37, 19.... I last saw him alive on 2/8/37, 19.... Death is said to have occurred on the date stated above, at 7.25p.

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

	Date of onset
Degenerative heart disease	

Other contributory causes of importance:

Name of operation ..... 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? ..... 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) [illegible], 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.

4/90