

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**
City **St. Louis, Mo.** (No. **1711 Geyer Ave.**) St. Ward)

File No. **8452**
Registered No. **1904**

2. FULL NAME **Rose Marie Velharticky**

(a) Residence, No. **1711 Geyer Ave.** St. **23** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **2** 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF nil		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 1934		
7. AGE YEARS 2	MONTHS 1	DAYS 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil		
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) St. Louis, Mo. (STATE OR COUNTRY)		

MOTHER	13. NAME Vaclac Velharticky
	14. BIRTHPLACE (CITY OR TOWN) Czecho-Slovakia (STATE OR COUNTRY)
	15. MAIDEN NAME Rose Koudele
FATHER	16. BIRTHPLACE (CITY OR TOWN) Czecho-Slovakia (STATE OR COUNTRY)

17. INFORMANT: **V. Velharticky**
(ADDRESS) **1711 Geyer Ave.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Louis** DATE **2/13/37**19. UNDERTAKER: **Dr. C. Maydell**
(ADDRESS) **1926 Allen St.**20. FILED **FEB 13 1937**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 12/37**, 1922. I HEREBY CERTIFY, That I attended deceased from **Feb. 8 1937** to **Feb. 12 1937**I last saw her alive on **Feb. 11 1937** Death is said to have occurred on the date stated above, at **2:00 a.m.**

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

Congenital Heart Disease (Date of onset) **Feb 8/37**Other contributory causes of importance: **1510**Name of operation Date of
What test confirmed diagnosis? **Chin** 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?

If so, specify
(Signed) **Paul P. Kumpfmayer** M. D.(Address) **3507 18th Avenue St. Louis**

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

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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.

