

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.

APR 9 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. ISOLATION HOSPITAL) File No. 10049
 Registered No. 2610 St. Ward

2. FULL NAME George Rachovan

(a) Residence, No. 4516 Ravenwood St., NR Ward.
 (Usual place of abode) Pinelawn, Mo. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Rachovan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17, 1903</u>		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>5</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Yardman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>RR</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Stephen Rachovan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria (?)</u>	
MOTHER	15. MAIDEN NAME <u>Veronica Zdrojewski</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>A. Lane</u> <u>5600 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>Mar. 8th</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Stehman Varal</u> <u>1905 Union Blvd</u>		
20. FILED <u>MAR 6 1937</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1937, to Mar. 5, 1937
 I last saw him/her alive on Mar. 5, 1937. Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Abscess of Brain from TB, non-traumatic cause in brain
Menigitis (not Meningococcus)
 Date of onset 2/25/37

Other contributory causes of importance: 79a

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Where did injury occur?

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 None

(Signed) Henry J. Plouchy, M. D.
 (Address) 5600 Arsenal

