

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.

B1762 APR 9 1937

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

Do not use this space.

10706

1. PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis, Mo. (No. \_\_\_\_\_)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. \_\_\_\_\_  
Registered No. **3280**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Julius Korvich (Korvich)

(a) Residence, No. 2127 S. Broadway St. 23 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/37 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from 3/11/37 19, to 3/19/37 19.

I last saw h. alive on 3/19/37 19. Death is said to have occurred on the date stated above, at 7:35 a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1882

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

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

Date of onset

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

Internal Obstruction, carcinoma of Colon

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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

13. NAME Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT M. Williams (ADDRESS) City Hosp.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 3-25-37

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Central Undertaking Co 1841 Cass ave

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

20. FILED MAR 25 1937 J. H. Bredeck Registrar.

(Signed) Chas. Jones, M. D. (Address) CITY HOSPITAL

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