AUG - 5 1937

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

Do not use this space.

25390

File No. 791

Registered No. 6564

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City ST. LOUIS MO (No. 2116 MADISON. St. ..... Ward)

2. FULL NAME KATIE MOCNY

(a) Residence, No. 2116 MADISON St., 20 Ward.
(Usual place of abode) (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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN. MOCNY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 8TH 1867

7. AGE: YEARS 69 | MONTHS 7 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) GERMANY

FATHER

13. NAME JOSEPH MANTKOWSKI

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

MOTHER

15. MAIDEN NAME DONT KNOW.

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

17. INFORMANT (ADDRESS) Joseph Mocny 2116 MADISON STR

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE JULY 9TH, 1937

19. UNDERTAKER (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR

20. FILED JUL 8 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 6TH, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to July 6, 1937

I last saw her alive on July 5, 1937. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

	Date of onset
Chronic Pulmonary Tuberculosis	Dont know
Other contributory causes of importance: Enteritis	6/29/37

Name of operation No Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? positive

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? No

If so, specify .....

(Signed) W. H. Davies, M. D.

(Address) 2219 S. Jefferson Ave

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.