AUG - 5 1937

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

Do not use this space.

File No. 25922

Registered No. 7096

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Central Hospital St. 4 Ward)

2. FULL NAME Ida H. Bubenik

(a) Residence, No. 5128 Cabanne Ave., St., 12 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: 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 Charles F. Bubenik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66 ~~65~~	6	27	

OCCUPATION

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

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) (STATE OR COUNTRY) Germany

FATHER

13. NAME ? Gretzstchmar

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles Bubenik
(ADDRESS) 5128 Cabanne Ave., St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE 7/27/37, 19

19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 4234 Manchester

20. FILED JUL 26 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937, to July 26, 1937

I last saw h... alive on July 24, 1937. Death is said to have occurred on the date stated above, at 12.30 m. A. M.

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

	Date of onset
Bronchopneumonia	7/23/37
Other contributory causes of importance: Acute congestive up pulmonary	7/18/37

Name of operation Cholecystectomy Date of 7-19-37

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) John D. Hayward, M. D.

(Address) Metropolitan Bldg

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.