

OCT 14 1937

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

Do not use this space.

32481

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Missouri Pacific Hospital**) St. Ward)

File No.
Registered No. **8535**

2. FULL NAME **Mike Rozack (Mike Rozack)**

(a) Residence, No. **157 E. Prairie Ave.** St. **9** 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 **Male** 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 ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 67

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Common**
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) **Croatia**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Mike Zelic**
(ADDRESS) **157 E. Prairie Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Cem.** DATE **Sept. 11 1937**19. UNDERTAKER **Tom C. Maydell**
(ADDRESS) **1926 Allen Ave.**20. FILED **SEP 10 1937**
J. B. Rozack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-9 1937**22. I HEREBY CERTIFY, That I attended deceased from **9-9 1937**, to **9-9 1937**I last saw him alive on **9-9 1937**. Death is said to have occurred on the date stated above, at **9:30** m.

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

Terminal Broncho pneumonia Date of onset **9-2-37**Other contributory causes of importance **Chr. myocarditis Arteriosclerosis**Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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 **No**
(Signed) **Kenneth E. Pletcher**, M. D.
(Address) **No. Pac. Hosp.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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8535

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I W. B. Moydell, Licensed Embalmer #1467

Hereby certify that the body recorded on the reverse side of this
certificate was embalmed by me.

W. B. Moydell
Licensed embalmer #1467