

JAN 10 1938

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

43820
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **Luthren Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Elizabeth Petrovic**

(a) Residence, No. **1816 Texas Ave.** St. **13**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Petrovic**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 52 Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation **28**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

13. NAME **George Klanduch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **John Petrovic**
(ADDRESS) **1816 Texas Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Concordia** DATE **Dec. 31, 1937**

19. FUNERAL DIRECTOR **Wm. C. Moydell**
(ADDRESS) **1926 Allan Ave.**

20. FILED **DEC 29 1937** **J. J. Bredek**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 28 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June**, 1937, to **Dec 28**, 1937
Last saw her alive on **Dec 28**, 1937. Death is said to have occurred on the date stated above, at **8 P.** m.
The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia 6 Mo.
720

Other contributory causes of importance: **(chronic myocarditis)**
acute myocardial infarction
Passive congestion liver
by chronic myocarditis

Name of operation **none** Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

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?
If so, specify **Engine a Vogel**, M. D.
(Signed) **Engine a Vogel**
(Address) **3325 S Grand**

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.

899

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell Licensed Embalmer No. 1467

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)