

REC'D JUL 7 28 1938

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

Do not use this space.

791  
1003

19983

## 1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. Alexian Bros Hospital) St. .... Ward)

File No. ....  
Registered No. 5122

2. FULL NAME Anton Kveton

(a) Residence, No. 4625 Oregon Ave St. 135 Ward. 15  
(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 Male 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 Katherine Kveton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stove Moulder  
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) Missouri

MOTHER FATHER 13. NAME Matthew Kveton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Katherine Kveton  
(ADDRESS) 4625 Oregon Ave

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE New S. S. P. Cem. DATE June 6 1938

19. UNDERTAKER Thos. Rutis  
(ADDRESS) 2906 Travis

20. FILED JUN 4 1938 J. P. Bueck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-10-38, 1938, to 6-3, 1938

I last saw him alive on 6-2, 1938. Death is said to have occurred on the date stated above, at 6 am.

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

Pneumonia Lobar (R. L. M. Lobar) Date of onset 5-19-38

Spontaneous Pneumothorax 5-29-38

Empyema 5-29-38

Other contributory causes of importance: 108

Name of operation None Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Tupper Plummer, M. D.

(Address) 2853 Orange St.

