

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

✓ 312
 Do not use this space.

REC'D FEB 10 1939

1. PLACE OF DEATH

(a) County 2 Registration District No.
 (b) Township 1 Primary Registration District No.
 (c) City St. Louis, Mo (d) Street No. 4922 Davison Ave. Registered No. 312
 (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 20 CLARA ROUSKA

(a) Residence, No. 4922 Davison Ave. St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 69 Unknown Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as 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) Czecho-Slovakia

FATHER 13. NAME Joseph Toman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

MOTHER 15. MAIDEN NAME Mary Bozeta

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

17. INFORMANT Rose Markovich (ADDRESS) 4922 Davison

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. Jan. 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell 1926 Allen Ave.

20. FILED JAN 10 1939 J. F. Bradish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to 1-5-39 1939
 I last saw h. alive on 01-5-39 Death is said to have occurred on the date stated above, at 10:45 P.m.
 The principal cause of death and related causes of importance were as follows:

Pneum. Disease. Aug 12/38
Mixed Rheumatism 10/18/38
Acute Dilatation 1/12/38
 Date of onset
 Other contributory causes of importance:
Chen nephros Aug 10/38

Name of operation 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? no 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) D. J. Hegal M. D.
 (Address) 1875 Madison

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Benj. C. Duncan*.....

Licensed Embalmer No. *2272*.....

P. O. Address *1926 Allen*.....

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.)

If this body is not embalmed, above space should be left blank.