

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

Do not use this space.
38436

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis Mo (No.....)

Registration District No. 701
 Primary Registration District No. 1008
Sanitarium

File No.....
 Registered No. 11053
 St..... Ward)

2. FULL NAME

(a) Residence. No. 1010 Russell St 13 Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 William J. Wolawa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 7 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Bohemia

14. INFORMANT Tom Hoff
 (Address) 5300 Arsenal

15. FILED 13 1928 May 13 1928
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/9/28 19

17. I HEREBY CERTIFY, That I attended deceased from 10/1/28 19, to 11/9/28 19, (that I last saw h. alive on 11/9/28 19, and that death occurred, on the date stated above, at 8:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senescent Paralytic

CONTRIBUTORY (SECONDARY) 76 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pat
 (Signed) Tom Hoff M. D.
11/10/28, 19 (Address) 5300 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul DATE OF BURIAL Nov 13 1928

20. UNDERTAKER Wm. C. Moydell ADDRESS 1926 Allen

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.

WHILE PRINTING, WITH ENGRAVING INDUSTRIES IS A PERMANENT RECORD

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