

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

Do not use this space.

13373

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1002**
 City **St. Louis** (No. **4108 Wyoming**)

File No.
 Registered No. **3933**
 St. Ward)

2. FULL NAME

Josephine Bakula
 (a) Residence No. **4108 Wyoming St.** St. **16** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **80** yrs. mos. da. How long in U.S., if of foreign birth? **80** yrs. mos. da.

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 Bakula**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **about 1885**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
about 94 Unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **none**
 (b) General nature of industry, business, or establishment in which employed (or employer) **none**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bohemia
 (STATE OR COUNTRY)

10. NAME OF FATHER **William Bakula**

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

12. MAIDEN NAME OF MOTHER **Antonina**

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

14. INFORMANT **Char J Bakula**
 (Address) **4108 Wyoming St**

15. FILED **APR - 2 1929**
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 30 1929**

17. I HEREBY CERTIFY That I attended deceased from **May 1, 1928** to **Mar 30, 1929**
 that I last saw her alive on **Mar 30, 1929**, and that death occurred, on the date stated above, at **11:30 am**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chl Myocarditis
131
93C
97 (duration) **15** yrs. mos. da.

CONTRIBUTORY (SECONDARY) **Chl Myocarditis**
Arteriosclerosis (duration) **10** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

0 IF NOT A PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Examination**

(Signed) **Victor H. Hellebrand, M.D.**
 , 19 (Address) **1206 Missouri Bldg**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St Peter & Paul

DATE OF BURIAL

Apr. 2 1929

20. UNDERTAKER

H. B. Moyall

ADDRESS

1926 Allen

K. E.—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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