1 1930

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

Do not use this space.

27848

1. PLACE OF DEATH

County St. Louis County — Registration District No. 789

Township Central — Primary Registration District No. 6033B

City ..... (No. St. Vincent's Sanitarium St. ..... Ward)

File No. .....

Registered No. 324

2. FULL NAME Mrs. Julia Wojcwodka

(a) Residence. No. 3437a Caroline St., ... Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Wojcwodka

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	11	11	13	

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) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Michael Kilcy

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

12. MAIDEN NAME OF MOTHER Ellen Casey

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

14. INFORMANT Sister Raphael, Supt.,
(Address) St. Vincent's Sanitarium

15. FILED 8/3, 1930 Green Bray M. D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1930.

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1930, to Aug 2, 1930, that I last saw her alive on Aug 1, 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
123C
93C
107 Ar (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Paranoia + L. of Cerebral Pneumonia

(*) Paravertebral abscess (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 25-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Eugene J. O'Malley, M. D.

8/2, 1930 (Address) Jefferson Bldg / St Louis

*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	DATE OF BURIAL
Calvary Cem	Aug 5 1930
20. UNDERTAKER	**ADDRESS**
Thos J Finan	1515 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.