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

Do not use this space.

1. PLACE OF DEATH JAN 17 1935

County St Louis — Registration District No. 1123 — File No. 45391

Township Carondelet — Primary Registration District No. 6248 E — Registered No. 434

City ..... (No. Mt. St. Rose Hosp. St. ..... Ward)

2. FULL NAME Josephine Zeman

(a) Residence No. 1109 Lynch Ave St., ... Ward. East St. Louis Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22, 1913

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
21	9	5	

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) At Home

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) East St Louis
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Rudolph Zeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jugo-Slovia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Fabik

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

14. INFORMANT Mary Gledec
(Address) East St. Louis, Ill.

15. FILED Dec. 28, 1934 G. Mowry (Dep.) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1934

17. I HEREBY CERTIFY, That I attended deceased from 1/26/34, 19..., to 12/28, 1934 that I last saw her alive on 12/27, 1934, and that death occurred, on the date stated above, at 8 A M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tuberculous enteritis

(duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Xray — Lab

(Signed) [signature], M. D.

12/28, 1934 (Address) 9101 So Bdwy

*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
East St. Louis, Ill	Dec. 30 1934

20. UNDERTAKER	ADDRESS
John Kassly	East St. Louis Ill

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.