

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

Do not use this space.

20018

1. PLACE OF DEATH

County.....
Township *St Louis*
City *St Louis*

Registration District No. *791*
Primary Registration District No. *2005 S 11 St*

File No.....
Registered No. *5784*
St..... Ward)

2. FULL NAME

(a) Residence. No. *2005 S 11 St* St. *23* 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. 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) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Dvorak*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *about 1848*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *about 79*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Home wife 92nd A*
(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) *Europe*

10. NAME OF FATHER *Joseph (Hedvat) Hulvat*

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

12. MAIDEN NAME OF MOTHER *Anna Demelch*

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

14. INFORMANT (Address) *Andela Vidlak 2005 S 11 St*

15. FILED *JUN 23 1927* *Marek Starckoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 22 1927*

17. I HEREBY CERTIFY, That I attended deceased from *March 10th* 1927, to *June 22* 1927, that I last saw her alive on *June 21* 1927, and that death occurred, on the date stated above, at *7 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiovascular Insufficiency

CONTRIBUTORY (SECONDARY) *90 W*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) *Louis H. Davis* M. D.

1927 (Address) *103 Jefferson Ave*

*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

Bould Ill Jun 24 1927

20. UNDERTAKER ADDRESS

W. L. May dell 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

