

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

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.

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

791
100?

7301

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. 2647 Shenandoah) St. 1612 (Ward)

2. FULL NAME

Ella Zolovick
 (a) Residence. No. 2647 Shenandoah 23 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 18, 1898</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>10</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Waitress 24?</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN) <u>Mt Alvin</u> (STATE OR COUNTRY) <u>Ill</u>		
PARENTS	10. NAME OF FATHER <u>George Zolovick</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Cecho. Slovakia</u>	
	12. MAIDEN NAME OF MOTHER <u>Mary Astrak</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Cecho. Slovakia</u>	

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 7 1931

17. I HEREBY CERTIFY, That I attended deceased from February 6, 1931 to February 7, 1931 that I last saw him alive on February 7, 1931, and that death occurred, on the date stated above, at 6:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Pneumonia, lobar
128 (duration) yrs. mos. 1 ds.
 CONTRIBUTORY Pulmonary Tuberculosis
 (SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. at place of death

DID OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) J. C. Zolovick M. D.
 , 19 (Address) 2900 California St

*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.

14. INFORMANT Mary Trigo
(Address) 2647 Shenandoah

15. FILED Feb - 6 1931
W. C. Standley
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Alvin Ill DATE OF BURIAL 2 - 9 1931

20. UNDERTAKER W. C. Moydell ADDRESS 1926 allen

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