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.

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

Do not use this space.

15342 15075

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2615 Rutger St ..... St. ..... Ward)

File No. .....

Registered No. 4275

2. FULL NAME Albert Batek

(a) Residence. No. 2615 Rutger St., 22 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Batek

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1881

7. AGE: about 47 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: moulder
(b) General nature of industry, business, or establishment in which employed (or employer): Iron Foundry
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

PARENTS
10. NAME OF FATHER: Albert Batek
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Josephine Batek
(Address): 1828 S 13 St

15. FILED ....., 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 18 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to April 18, 1928 that I last saw him alive on April 18, 1928, and that death occurred, on the date stated above, at 1 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Hypostatic not Lobar or Broncho # 103
46 E
111 B (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Carcinoma of liver
(duration) ..... yrs. 1 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? 44 B
IF NOT AT PLACE OF DEATH? 2615 Rutger St.
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jno C Laubek, M. D
, 19 (Address) 2900 California 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: S S Peter & Paul
DATE OF BURIAL: April 20 1928

20. UNDERTAKER: Wm. C. Moydell
ADDRESS: 1926 Allen