

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

Do not use this space.

35754

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. 10550

City St. Louis

(No. 4053)

St. Ferdinand

St.

Ward)

2. FULL NAME

(a) Residence No. 4053

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs.

How long in U. S., if of foreign birth?

....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Mary Simunek

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

2-8-1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

61

8

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Butcher

(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)

Bohemia

10. NAME OF FATHER

Joseph Simunek

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

(Address)

Mary Tikwart
4053 St. Ferdinand

15.

FILED

CCF 28 1923

W. C. Maydell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10-25-1929

17.

I HEREBY CERTIFY, That I attended deceased from May 1929, to October 24, 1929, that I last saw him alive on Oct 24, 1929, and that death occurred, on the date stated above, at 2:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

HAB

1929

CONTRIBUTORY

Cocaine

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chinical Exam & Tests

(Signed)

W. C. Maydell, M. D.

Oct. 26, 1929 (Address)

453 N. Taylor

*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

S. S. Peter & Paul

10-28-29

20. UNDERTAKER

ADDRESS

W. C. Maydell

1926 Allen

Dr. Lloyd L. Miller

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 SPACING INK—THIS IS AN IMPORTANT RECORD

