

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

Do not use this space.

6749

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Forced Dead of 1899 St. 12th W. Bar St. 1576 Ward)

2. FULL NAME

(a) Residence. No. 1839 S. 12th near 1st St. 13 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1859 unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt 71 unknown

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

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

PARENTS
 10. NAME OF FATHER Matthew Brozek
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Bohemia
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Anna unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Bohemia
 (STATE OR COUNTRY)

14. INFORMANT Agnes Kubik
 (Address) 22630 Hochm St.

15. FILED I. [Signature] 1930 C. Stankov REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12, 1930

17. No. Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulation
due to hanging by
rope at residence
168 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 168 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Joseph Hurley M.D.
2/13, 1930 (Address) Deputy Coroner

*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 New Picher DATE OF BURIAL Feb 15 1930

20. UNDERTAKER Wm C. Wozdell ADDRESS 1926 Allen

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.

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