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

Do not use this space.

7139

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2011

City Sr. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME George M. Hlasivec

(a) Residence. No. 1859 S. 13 St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	22	3	26	

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

9. BIRTHPLACE (CITY OR TOWN) Sr Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Matthias Hlasivec
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sr. Louis
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Catherine Cepicky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sr. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Catherine Hlasivec
(Address) 1859 S. 13 St.

15. FILED 26, 19 Ray C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 23 1930

17. I HEREBY CERTIFY, That I attended deceased from No physician in attendance that I last saw h..... alive on ..... 30, 19.., and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries
Fractured skull
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Struck by Auto in St. Louis Mo.
Homicide
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm V Dever M.D.
2/25, 1930 (Address) 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	DATE OF BURIAL
S. S. Peter Paul	Feb 26 1930
20. UNDERTAKER	ADDRESS
W. C. Maydell	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.