

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

Do not use this space.

34516

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **7012**

City **St Louis**

(No. **2913rd Madison St**)

File No.....

Registered No. **9892**

St..... Ward)

2. FULL NAME

Adam Godek

(a) Residence. No. **2913rd Madison St** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 15 1930**

17. **Physician in attendance**
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 **3:30 P** m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 9th 1874**

strangulation due to hanging by rope while suffering temporary mental CONTRIBUTORY affection
(duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **abt. 55 Unknown**

18. WHERE WAS DISEASE CONTRACTED **Suicide**
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? **No**

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

WHAT TEST CONFIRMED DIAGNOSIS? **Dr. H. W. ... M.D.**
(Signed).....
10/16/30 (Address) **City, Missouri**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austra**

*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.

10. NAME OF FATHER **A Godek**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **balvay** DATE OF BURIAL **10-18-1930**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Austra**

20. UNDERTAKER **Leullen Kelly** ADDRESS **4526 Easton**

12. MAIDEN NAME OF MOTHER **unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

14. INFORMANT **Michael Godek** (Address) **2913rd Madison St**

15. FILED **1** 19..... **Max B. Starckoff** REGISTRAR

Exact statement of OCCUPATION is very important.

