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.

41152

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 11816

City St. Louis Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Albert Sedlacek

(a) Residence. No. City Infirmary 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 40 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)
M.	W.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 23 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66		7	23.	

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

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

PARENTS

10. NAME OF FATHER Jake Sedlacek.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Kursha
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)

14. INFORMANT Institution Record
(Address) Mrs Effinger 5800 Arsenal

15. FILED DEC 18 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16/30 19

17. I HEREBY CERTIFY, That I attended deceased from 12/13/30, 19..., to 12/16/30, 19 30 that I last saw him alive on 12/16/30, 19..., and that death occurred, on the date stated above, at 2.45 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
92C Hypertension
92A
102 (duration) ? yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? N B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) Preston L. Hathcock M. D.
, 19 (Address) 14th and Lafayette

*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 Picker
DATE OF BURIAL Dec 18 1930

20. UNDERTAKER Wm. C. Moydell
ADDRESS 1936 Allen