

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

Do not use this space.

2712

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City St. Louis (No. Foot Branch St. Mississippi St. River Ward)

File No. 410
 Registered No. 410

2. FULL NAME

Frank Zemanek
 (a) Residence. No. 1231 S. 14th St. St. 22 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49. 6 2

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

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

PARENTS
 10. NAME OF FATHER Joseph Zemanek
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary

14. INFORMANT Mrs Barbra Zemanek
 (Address) 1231 S. 14th St.

15. FILED 13 1932 May 13 1932 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 1932

17. 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 3450, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation due to
drowning
166 (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. W. Kerner M.D.

113 (Address) Dep. Corrow
 *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
New St. Francis Jan 15 1932

20. UNDERTAKER W. Laughlin ADDRESS 1631 Meini

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.

