

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

Do not use this space.

6555

1. PLACE OF DEATH

County ..... Registration District No. 751  
Township St. Louis Mo Primary Registration District No. 1001  
City St. Louis Mo (No. 1001) St. .... Ward

File No. ....  
Registered No. 1627 St. .... Ward

2. FULL NAME

John W Sedlacek  
(a) Residence, No. 3129 Lemp av St. 24 Ward.

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor supply

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 17 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellison Mo

13. NAME Joe Sedlacek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia 7

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

17. INFORMANT Louisa Sedlacek (ADDRESS) 3129 Lemp av

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cemetery 19

19. UNDERTAKER John L. Zysenbaum (ADDRESS) 7027 W. Harrison

20. FILED DEC 19 1932 19 Registrar W. E. Stankley

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 17 1932

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1932 to Feb 17, 1932

I last saw him alive on February 17, 1932 Death is said to have occurred on the date stated above, at 1900 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Delusional Insanity 2:52  
84  
1115 1115 1115 1115

Other contributory causes of importance: Edema of Lungs 2:17:32

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physically Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (1)  
Nature of injury (1)

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....  
(Signed) Charles Frank Potter, M. D.  
(Address) 3123 Lemp av

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.

CR 3248



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 1627  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. John W. Sedlacek 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**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>2-20-1932</u>		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>APR 7 1932</u> <u>May C. Starker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) ..... M. D.  
(Address) .....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve

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