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.

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

Do not use this space.

791 1003

24306

File No. 6425

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 1900 So 12 St. ..... St. ..... Ward)

2. FULL NAME Marie Hynek

(a) Residence, No. 1900 So 12 St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 3, 1871

7. AGE: YEARS 61 | MONTHS 3 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): St Louis Mo

FATHER

13. NAME: John Zelenka
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia 71

MOTHER

15. MAIDEN NAME: Anna Janat
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Frank Hynek 1900 So 12 St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S. S. Peter & Paul DATE: 7-13 1932

19. UNDERTAKER (ADDRESS): W. C. Maydell 1926 Allen Av

20. FILED: JUL 12 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1929 to July 10, 1932

I last saw her alive on July 10, 1932. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

	Date of onset
General Carcinoma Matertises	Aug 31 1929
44	
535	
1390	

48

Other contributory causes of importance:

Carcinoma of Uterus.	Aug 31 1929.

Name of operation: Hysterectomy Date of: Aug 31 1929

What test confirmed diagnosis? Operation Was there an autopsy? No

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? No

If so, specify .....

(Signed) A. E. Turek, M. D.

(Address) 3014 So Jefferson Ave.