

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

Do not use this space.

30241

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 786  
6 Township Central Primary Registration District No. 4469  
8 City Maplewood (No. 2540, Florent Ave)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 48  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Infant Charles Wm Slezak

(a) Residence, No. 2540 Florent Ave 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
			<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</u>
	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) Maplewood Mo. (STATE OR COUNTRY) 1

FATHER 13. NAME Charles Wm Slezak

FATHER 14. BIRTHPLACE (CITY OR TOWN) Austria Hungary (STATE OR COUNTRY) 3

MOTHER 15. MAIDEN NAME Julia Obermeyer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

17. INFORMANT Charles Wm Slezak (ADDRESS) 2540 Florent Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul Cemetary Sept. 8, 1932

19. UNDERTAKER Croghan Hud. Co. inc (ADDRESS) 746 Manchester Ave.

20. FILED 9/8 1932 Mercedes Schuster Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1932 to September 8, 1932  
I last saw him alive on September 8, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

persistent forebrain stroke - asphyxia  
1570  
1570  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 1

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) Charles Weiff, M. D.  
(Address) 2717 Sutton Ave.

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.

OCT 29 1932

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - ST. LOUIS, MISSOURI

