

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

Do not use this space.

41942

1. PLACE OF DEATH

County

Registration District No. 78

Township

Primary Registration District No. 1008

City St. Louis

(No. City Hospital)

File No.

Registered No. 11047

St. Ward)

#15603

2. FULL NAME Charles Hrdlicka

(a) Residence, No. 1834 South 14th St., 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 39
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis 1
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Joe Hrdlicka

14. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Muckenour

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

17. INFORMANT Hospital information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 12/15 1932

19. UNDERTAKER Wm C Moydell
(ADDRESS) 1926 Adams ave

20. FILED DEC 13 1932 Max C. Stankov
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1932, to Dec. 13th 1932

I last saw him alive on Dec. 13th 1932 Death is said

to have occurred on the date stated above, at 6.30 A.M.

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

Date of onset

Coronary thrombosis
Chronic alcoholism
124A
75B
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Alc. 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) J. Mademan, M. D.
(Address) City Hospital

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.

Hrdlicka