

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

Do not use this space.

11627

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **510033**

File No. _____
Registered No. **2704**
St. _____ Ward _____

City **St. Louis** (No. **City Hospital**)
21505 **Walton** **Suchanek**

2. FULL NAME _____
(a) Residence, No. **4043** **Files** St., **15** 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 **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 **Mable Suchanek**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 13th 1888**
7. AGE YEARS **51** MONTHS **1** DAYS **5** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **sales manager**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Book binding**
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) **North Bend Indiana**

FATHER
13. NAME **Jos. Suchanek**

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

MOTHER
15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York City**

17. INFORMANT (ADDRESS) **Walter Suchanek**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **Mar 21, 1933**

19. UNDERTAKER (ADDRESS) **Robert J. Umbarger**

20. FILED **MAR 21 1933** **Walter C. Standley** Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 18th 1933**
22. I HEREBY CERTIFY, That I attended deceased from **Mar. 17th 1933** to **Mar. 18th 1933**
I last saw **him** alive on **Mar. 18th 1933** Death is said to have occurred on the date stated above, at **3:45 PM**
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Other contributory causes of importance:
Arteriosclerosis of color with metastasis to liver, lymph nodes & testes

Name of operation **None** Date of _____
What test confirmed diagnosis? **Chemical** Was there an autopsy? **Yes**

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 _____
(Signature) **Walter C. Standley** M. D.
(Address) **City Hospital**

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.

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