

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 101  
Township..... Primary Registration District No. 101B  
City, St. Louis (No. 2204, S 12 St) St. .... Ward)

File No. 37868  
Registered No. 9150

**2. FULL NAME**

Joseph Matejichuk Sr.  
(a) Residence, No. 2204 S 12 St St. 23 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Matejichuk  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-85  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist  
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) Bohemia

13. NAME Frank Matejichuk

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mary Krejci  
2204 S 12 St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Packer DATE Nov 3 1933

19. UNDERTAKER (ADDRESS) Wm. S. Meyers  
1924 Astor

20. FILED 1-2-33 1933 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1933, to Nov 1, 1933  
I last saw him alive on 10/31, 1933 Death is said to have occurred on the date stated above, at 4:10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cirrhosis Liver  
Chronic Intestinal  
hepatitis  
Other contributory causes of importance.....  
Name of operation..... Date of.....  
What test confirmed diagnosis? Lab 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?  
If so, specify.....  
(Signed) Robert F. Amer, M. D.  
(Address) 1841 S 12th

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.

JAN 9 1934

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7  
7  
31

